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# Southwestern Medical Record.

Devoted to the Theory and Practice of Medicine and Surgery.

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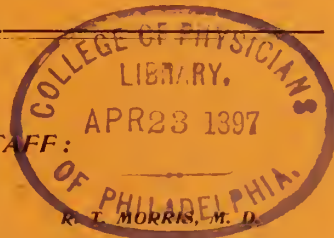
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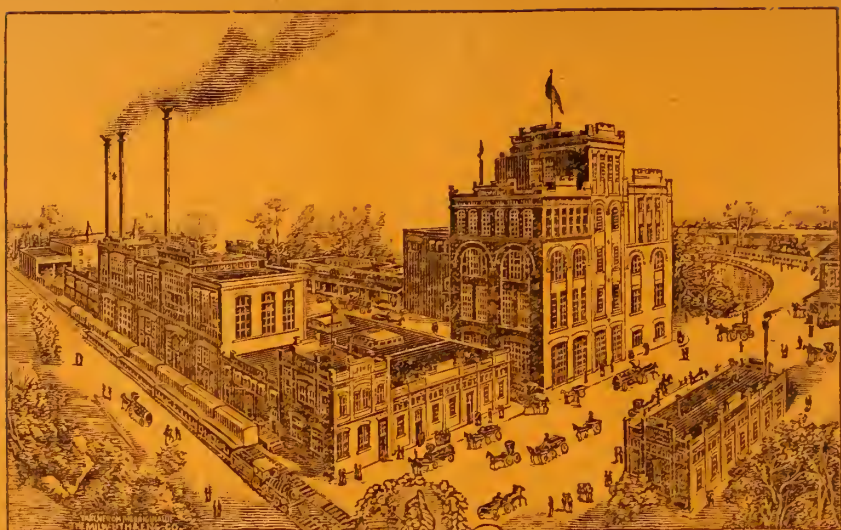
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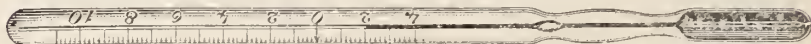
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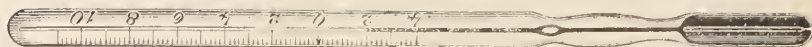
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# Southwestern Medical Record.

A MONTHLY JOURNAL OF PRACTICAL MEDICINE AND SURGERY.

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VOL. 1.

JANUARY, 1896.

No. 1.

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## ORIGINAL COMMUNICATIONS.

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### External vs. Internal Examinations in Obstetrics.

E. A. HARRIS, M. D., WACO, LATE OF HOUSTON.

No branch of medicine is treated with so little respect as obstetrics. For this there are many reasons. Parturition being a physiological process, most cases are so thoroughly normal as to dampen the enthusiasm of the most ardent inquirer for the unusual. However, emergencies and difficulties arise frequently which must be confessed that the average practitioner is lamentably incapable, either of recognizing or treating. The unsatisfactory vaginal examination method is in a great measure responsible for this serious imputation. Seeing a case early for the first time, the physician makes his customary vaginal examination and learns almost nothing. With indefatigable patience he concludes to "let nature do her work." Should the parturient be endowed with "nature's perfect form and perfect organs, with perfect functions,"

then he becomes a howling success as an accoucheur. Should something fail to happen, however, after having wasted golden opportunities, he becomes inquisitive and endeavors to discover things of which he should have been cognizant hours before. He alleviates the sting of a guilty conscience with the consolation that he has indulged in no "meddlesome midwifery," forgetting that the sins of omission are as censurable as those of commission. Nothing is to be more severely condemned than this exceedingly lax method in vogue relative to accouchment. Twenty years ago such a thing was justifiable, but to-day with a method of making diagnoses so simple, so certain, so safe, we are exceedingly reprehensible. In speaking of external examination I shall confine myself to abdominal palpation. We have valuable adjuncts, however, both in auscultation and pelvimetry. By locating foetal heart sounds we confine our diagnosis of position and receive the only index to condition of child in utero. There we find another example of the exceedingly indulgent methods in obstetrics. Often we hear physicians say that they have never heard of foetal heart sounds; indeed, that they never listened, although they had been practicing five, ten or fifteen years. They could have given you the latest wrinkles, both in medicine and surgery, and would have held up their hands in holy horror had you intimated that they were either careless or incompetent obstetricians. Yet these same gentleman would have allowed a woman to endure a difficult and almost impossible occipito posterior forceps delivery with a dead foetus, with perhaps fatal results.

In advocating abdominal palpation as a method of ascertaining foetal position, I claim for it simplicity and safety, neither of which can be said of vaginal examination. It is so elementary that the veriest tyro can learn in one week to make diagnoses with a tolerable degree of accuracy. I have seen nurses who knew nothing absolutely of the relations learn it in a dozen lessons.

Of vaginal examination, Playfair says: "Indeed, it requires considerable practice and experience before it is possible to diagnose position of head with certainty." It has been claimed, and by good authority, that with an os the size of a dollar, we can in ordinary cases hope to make out no

more than that we have a cephalic presentation, and that not always. That being the case, we can by abdominal palpation make a diagnosis when by any other method it would be impossible. Again, if seen later, when the head has become molded, the sutures overlapping, with the scalp in folds and with a large caput succedaneum formed, it is with extreme difficulty and no little traumatism, that we can make out position.

Crede says that the slightest exploration of the genitals can injure the tissues, and once the continuity is destroyed, we have the gates open for infection. Of the practicability of external examinations, he further says: "It has always been my aim to perfect myself in the various methods of making correct diagnoses. I have absolute conviction that vaginal examinations, which until now have been the only method, can and should be displaced in the majority of instances by external examination. Leopold delivered 919 cases, in which not a single vaginal examination was made."

Parlik says: "Through it alone we can make diagnosis of longitudinal or transverse presentation, whether breach or head presents, and whether head has entered pelvis, or is still movable above linear or innominate." I do not claim for it simplicity in every case. Given a large fleshy patient with tense abdominal walls several inches thick at times, no diagnosis can be made. Nor do I claim that it should exclude vaginal examination, but that it can and should in the majority of instances.

I will briefly describe the method of Prof. Leopold, as taught by Dr. Rosenberg of New York. It consists of four methods, all of which should be practiced with extreme gentleness. Should the patient be in active labor, it will be easier to palpate between pains. The woman lies upon her back, legs extended. In the first three, the physician sits at the bedside facing patient. First he places both hands upon belly below umbilicus, palm or surface downward, finger tips meeting over abdomen. He with gentle pressure carries hands over fundus. This teaches us height of fundus, size of uterus, if we have a longitudinal or transverse presentation, foetal parts occupying fundus. In second manipulation, we place either right or left hand just above symphysis, separate fingers

from thumb as far as possible; with gentle pressure force the hand downward and backward; at the same time we grasp intervening tissues firmly between thumb and second finger. If it is round and hard it can only be the head, the breach being softer and more irregular. Should we feel no presenting foot, we look for head on either side. In the third manipulation, the hands are placed at each side of uterus, nearer fundus. In making pressure we determine, if one hand meets with more resistance than the other, feeling a long, large cylinder, corresponding to back, the other after finding the small parts. Should the back not be on either side, nor in anterior median line, we by process of exclusion locate it as lying on mothers' spinal column. Should labor be advanced, or head have descended low in pelvis, to get it distinctly we must use the fourth method. Attendant stands aside of patient, looking toward her feet; allow the finger tips of both hands to enter pelvis from above. Should the head be low, we get it distinctly between the two hands.

Herbert Spencer, shows that it is possible to recognize placenta previa by external examination, when it is attached to lower anterior uterine segment. In such a condition, we get the head indistinctly outlined, as though a substance of the consistence of wet sponge intervenes. By it and auscultation, we have the only method of recognizing multiple pregnancy and complications arising therefrom.

When we compare the relative safety of the two methods, we must consider both mother and child. Inasmuch as the mother is already a useful member of society, we should give her more serious deliberation. Of course, in a normal position of child, with a normal pelvis, the only pathological factor from an obstetrical standpoint, is infection. This, however, is of no little importance, as statistics show that a child-bed fever is almost as prevalent in private practice as after the immediate days of Semiluris of Vienna, nearly 50 years ago.

Hegar, who has made exhaustive investigations of the statistics of the Grand Duchy of Baden, claims that during the past forty years, the mortality among women for the three weeks following labor has not varied.

Axman, who has been at the head of the Maternity of Exfurth for the past thirty years, commenting upon his expe-



rience during that period, regrets exceedingly the mishaps that have arisen from the use of carbolic acid and bichloride of mercury.

Dorderlein reports three cases where infection was carried. These cases were examined by the same nurse at intervals of six hours, who practiced the most rigid antiseptic precautions. Antisepsis in obstetrics is not practicable, and carried to a degree bordering on success, defeats its own aims and becomes meddlesome midwifery.

Veit claims that it has been demonstrated that pathological micro-organisms are extremely rare in vaginal secretions. That in nearly every case infection comes from without, either from an unclean finger or from infectious material carried from external genitals to vagina and uterus. His ideas are in most thorough accord with reports of missionaries from among savages, to whom the vagina is sacred during parturition. These uncivilized people, though surrounded by filth and squalor and to whom soap and water are only articles of diet, are most beautifully exempt from infection. Of the 919 cases reported by Leopold, only two gave evidence of infection, and that of so mild a character as to be followed by a speedy recovery. Puerperal fever is nothing else than septicemia developed from absorption of ptomaines, produced by pathological micro-organisms, introduced in nearly every instance by medical attendants. We are almost justified in saying that he who reports a case of infection acknowledges a dereliction.

Howard Kelly has shown that it is impossible to absolutely sterilize our hands or the external genitals, hence we should hesitate to introduce fingers into the vagina, which, indeed, may have recently opened an abscess or dressed a pus case. The uterus with its moisture, heat and food for micro-organism, becomes an ideal incubator, one that would make a bacteriologist turn pale. We should endeavor to reach a point in obstetrics that surgery has attained, viz: that asepsis is more satisfactory than antisepsis; that it is more scientific to avoid infection than to treat it.

Rosenberg says that "as little as a surgeon introduces a probe, even though aseptic, into a wound without proper indication, just so little is the obstetrician justified in making

vaginal examinations without necessity.' He concludes by saying that "Certain it is that he who has not examined a woman has not infected her."

We must not consider ourselves guiltless when we have a case which an old grandmother diagnosis as milk fever, however satisfactory it may be to our victim. We must also disabuse our minds of the frequency of auto-infection, which exists once in about five hundred cases, and then of only a mild character. Of course we may have it in cases of profuse purulent vaginitis, or during exhaustion attending labor adhesions may be broken, liberating pus, etc. However, two cases of profuse purulent vaginitis, specific in character, were delivered while I was interne in Mothers and Babies Hospital, New York, which were not followed by infection. They were given vaginal douches, 1-2000 bichloride, beginning of first stage, and at completion. No vaginal examinations were practiced. Should aseptic midwifery be more thoroughly practiced, the field of the gynæcologist would be decidedly curtailed.

Dr. Gribble, of Virginia, says that of the 130 cases operated upon by him, the salpingitis, etc. could in the great majority of cases be traced to septic endometritis following abortion and labor. Now as to the safety of the child. Every diagnosis of foetal position would diminish the number of still births. Pelvis presentation, while not materially increasing the danger for the mother, prolong labor and entail more suffering. The percentage of breach cases is variously estimated from one in 38 to one in 52. Dubois calculates that one breach in every eleven. Churchill, in every 3-1-3. Hirst, one in every three results fatally for the child. In nearly every case, should a diagnosis be made sufficiently early, before the cervix has dilated, while membranes are intact and before foetal parts have become impacted, we can reduce to a cephalic. If we wait, however, until a diagnosis can be made per vaginam, reduction will be decidedly more difficult, if not impossible. The same may be said of transverse, in which Churchill estimates one mother in every nine dies, while over one-half the children are lost. Even though we sometimes fail, the attempt has not increased the danger. An anæsthetic will facilitate reduction.

Inasmuch as vaginal examinations become at times imperative, I will conclude by mentioning conditions justifying. Should we from pelvic measurements suspect contractions, especially in primiporæ, should we have an abnormal presentation, constitutional disturbances, protracted preservation of the membranes, prolonged labor, excessively severe pains, irregular foetal heart sounds, hemorrhage, or œdema of external genitals, vaginal examinations are indicated.

### Empyema.

BY J. M. BLAIR, M. D., HOUSTON, TEXAS.

Mr. President and Members of the Houston District Medical Society:

In choosing the subject of empyema for a short essay this evening, it is not my purpose or intention to enter into its minute pathology, but rather to deal with it from the standpoint of a practical surgeon or practitioner, who meets and treats it in his daily rounds.

The surgical treatment of empyema, or thoracentesis, dates back to the time of Hippocrates, and was during the whole of the seventeenth and eighteenth centuries one of the most controverted operations in surgery, while in the nineteenth century up to this date there has not been so much controversy as to the propriety of surgical procedures, as to the particular manner or way of doing it.

If we credit the story of mythological times, the operation for empyema had its origin in an accident. It is related that a certain Phalereus, who was attacked with what was denominated an ulcer on the lungs, was pronounced by all his physicians to have an incurable disease. In his despair he exposed himself in battle so that he might be slain. The enemies' weapon, however, pierced his side, making an opening through which the pus escaped, and he recovered. It is certain that from the most remote periods the chest was opened when collections of pus were formed. Galen states that the ancients employed actual cautery for that purpose.

During the first twelve years of this century the operation seems to have fallen into disuse. In 1808 Auduard objected to the Hippocratic method, which had been practiced for centuries, of drawing out small quantities at a time, for fear that the sudden withdrawal of a large quantity would create a vacuum in the chest,. He mentioned and proved that sudden and complete evacuation had no such result. If we will take the time to trace the history of this important operation and carefully peruse the voluminous literature written upon this subject, we will find that it has been performed from the time of Hippocrates, and that it had been held in different degrees of estimation by the numerous authors who have discussed it—that sometimes it had been popular, and again, regarded very unfavorably.

About the end of the first quarter of this century, Laennec's genius so completely cleared up the differential diagnosis of all diseases of the chest, including pleurisy, that men grew less timid. Laennec himself was a strong advocate of this operation—he advised it in acute pleurisy, where dyspnoea threatening life supervened, and in all chronic cases. He proposed to apply a piston cupping glass over the wound after the discharge of liquid and to produce a vacuum in the chest more or less quickly, continuously and completely, according to effects.

It would seem that up to the present day there is yet some controversy as to the advisability of surgical procedures in regard to effusions in the pleural cavity, either serous or purulent. According to current literature, we have a notable example of this in the treatment of our late Secretary of State, Hon. W. Q. Gresham. It would seem, according to report, that the weight of authority of those in attendance was against any surgical procedure whatever to evacuate the pleural cavity of its unnatural contents. But the writer believes that almost all authorities are to-day a unit as to the value of surgical interference. It will not seem strange to you, as medical gentlemen, to find men opposed (especially in that hot-bed of homeopathy, Washington, D. C.) to surgical interference, when you reflect a little and call to mind that there is scarcely a subject in medicine or surgery to-day in which men claiming to be medical gentlemen will not dis-

sent from authorities. There are perhaps men in this city who will not admit the indications for quinine in malaria or mercury in syphilis.

This paper, however, is not intended to deal so much as to whether surgical procedures should or should not be instituted, as to the plan and procedure of the operation, after surgical interference has been determined upon. The writer believes that every case of effusion into the pleural cavity calls for surgical treatment, depending upon the gravity of the case. The writer will not take your time to discuss the diagnostic features of effusion into the pleural cavity, believing that every member of this society is or should be quite able to satisfy himself as to this feature, for if he cannot by the physical examination, he can very easily by the use of his hypodermic syringe, prove the truthfulness or error of his judgment. But permit me to say, in way of caution to the surgeon, that the writer believes that whoever thrusts a hypodermic needle into the pleural cavity without first having disinfected it in an alcoholic flame or by boiling it, commits an unpardonable sin. The surgeon should also disinfect the skin before puncturing it with the needle, by first washing it with soap and water and then an application of iodoform in ether. If the surgeon will observe these precautions, a sufficient number of punctures can be made for the most exhaustive diagnostic purposes with little or no harm to his patient. As regards place of puncture, the surgeon should bear in mind that each of the lower posterior intercostal arteries enters its corresponding intercostal space near the spinal column, and passes obliquely from below upwards, across the space, to shelter itself in a groove on the inner side of the lower border of the upper rib. It occupies this groove until it reaches the anterior third of the space, when it leaves it to anastomose with the branches of the anterior intercostal artery coming from the internal mammary. At this point, however, it is so small that its division is not of much consequence. The only point of its course where its injury is to be feared is in the posterior third of the intercostal space, before it has passed behind the lip of the rib. Consequently if an operation is to be made in the pleural cavity, either with a knife or trocar, a point in the middle third of one of the intercostal spaces should be select-



ed, preferably the seventh, certainly not higher than the sixth, nor lower than the eighth on the right side, the ninth on the left. In loculated pleurisy the cavity must be tapped over the center of the fluid, or perhaps bearing a little to the more dependent portion from center.

The surgical interference with pleuritic effusions is of two kinds, tapping and drainage. Tapping is practiced when the fluid is serous in character, but, except in some cases in children, empyema requires to be treated by drainage of the cavity. The special object to be kept in view in tapping the pleura is to evacuate the fluid without admitting air to the pleural sac, a thing of great importance to the patient where the fluid is serous and the nature of the pleuritic trouble be not tubercular.

A simple trocar and canula will evacuate the fluid, but offers no security against the access of air during an inspiratory effort, the best method for extracting serous fluid from the pleural cavity, where it is not tubercular, is by the use of an aspirator. Of these there are many forms, the simplest is the bottle aspirator, in which a vacuum is made in a bottle and then connected with the pleura. Some prefer direct aspiration by means of a properly made syringe, and the combination of this with a syphon, either a hollow needle or a trocar and canula, may be used; and each instrument has its merit, the aspirator in non-tubercular serous effusions and the trocar and canula in tubercular serous effusions for the first time, free drainage being necessary if the cavity refill. The advantage of the needle is, that if, as soon as the opening into its barrel is passed under the skin, it is connected with the vacuum of the aspirator and the needle, then steadily and slowly pushed on, as soon as the fluid is reached it appears in the bottle or barrel of the instrument, and there is no danger of thrusting the sharp needle too far. The disadvantage of the needle is its sharp point within the pleura, which may possibly scratch the expanding lung, and has been known to cause fatal hemorrhage. This accident is little likely to happen if the instrument is used as described above. The advantage of the trocar and canula is that the blunt end of the canula can do no harm, but the disadvantage of it is, that there is no means

of knowing exactly how far it should be introduced to reach the fluid.

The place of puncture having been chosen, the upper border of the rib forming the lower bounding of the space to be punctured is felt for, and the skin having been drawn up or down over it a small puncture with a knife is made through the skin, and then the needle or trocar is thrust into the pleural cavity. The fluid is then allowed to flow or be drawn out by the aspirator. Care must be taken not to allow the evacuation to go on too rapidly, and from time to time it is well to stop the flow for a few seconds. Spasmodic cough is an indication for stopping the flow for a time, and if the fluid becomes mixed with blood the instrument should be at once removed. As the needle or canula is withdrawn, a pad of iodoform gauze should be placed over the puncture and fastened in place by adhesive strapping.

When the fluid in the pleural cavity has become purulent, then a more serious operation becomes necessary, viz: free opening and drainage of the pleural cavity and the administration of an anæsthetic is necessary to it, unless the case be of such gravity that in the judgment of the surgeon it would too greatly endanger the life of the patient, when it might be done with morphine and cocaine. The writer in a grave case relieved the pleural cavity and drained it with little pain to the patient by giving one quarter grain of morphine and using a 2 per cent. solution of cocaine locally.

The writer believes that in all cases requiring drainage, with perhaps a rare exception, resection or excision of the rib should be done, the rare exception being a case where there is an abnormally large intercostal space, and here the simple incision, so called (Islanders operation), in this intercostal space, would permit of easy access of the finger of the surgeon; but aside from this exception, the writer believes that excision of the rib is necessary to free drainage, and is largely in the interest of the patient, for plenty of space permits the surgeon the free use of the finger in the pleural cavity, thereby enabling him to ascertain the presence or absence of bands of adhesions across the pleural cavity forming the loculated condition, which is not usual. A very large per cent. of those pleuritic troubles requiring free drainage are of the tu-

bercular variety, and when the surgeon has space for the free use of his finger within the pleural cavity he can detect those cheesy tubercular balls or masses, which are not infrequently found, and for this reason the surgeon should not make the mistake of making his excision so high up as not to permit his finger to reach the lower or bottom part of the pleural cavity, that he may detect those cheesy tubercular masses, which are often found as large as a common cherry. The writer has in at least three instances found them larger. These cheesy masses are found frequently in a perfectly serous fluid, and for this reason, after the pleural cavity has been aspirated, if it again refill, though the fluid be of a serous nature, the writer would advise an excision, expecting to find the cheesy tubercular masses in the serous fluid. For this reason, the writer believes, with rare exceptions before mentioned, that the two operations, viz: aspiration and excision, or resection of a portion of the rib, are the only two operations that should be resorted to by the surgeon to evacuate the pleural cavity, and that the simple incision so often and frequently done should be condemned.

After the surgeon has determined upon the rib or ribs to be resected, he makes an incision in center of rib, parallel with its length, to extent of three inches or more, as the case might require, through the periosteum; then with a periosteal elevator he detaches the periosteum from the bone on both its external and internal surface, and then with a pair of curved bone forceps, an inch or more of the rib is removed, and then with a bistoury an incision is made through the pleura, as high up as can be done, in order to keep away from the intercostal artery that runs along the lower border of the rib. This opening should be large enough to permit the free movement of the finger within the pleural cavity.

As to washing or flushing out the pleural cavity, the writer believes that where there are no unfavorable symptoms noticed in draining off the cavity, that it should be drained completely and irrigated. The writer does not use in the pleural cavity what might be called the poisonous and irritable antiseptics of corrosive sublimate and carbolic acid, but prefers the so-called normal saline solution. Thierche's solution, or a solution of listerine, might be used. Glycerine is an excel-

lent drug in many cases. A pint sterilized by heat and poured into the pleural cavity, or so much thereof as it will contain, before the dressings are applied, the writer believes to be good treatment. Glycerine is antiseptic, nonirritant, and is a nutrient and not a poison to the system should any of it enter the circulation. In those cases of threatened sudden collapse, from the withdrawal of even a small part of the pleural contents, which is the result of long delayed surgical interference, in which many surgeons, after making an opening into the pleural cavity, proceed at once to apply the dressings, the writer believes those pus cavities should be emptied by injecting into the pleural cavity with a Davidson syringe or other suitable instrument sterilized glycerine, and allow the pus to flow out as the glycerine takes its place. Two drainage tubes should be inserted, as there is less hindrance to drainage by the suction resultant to inspiration and expiration. Both tubes should be carefully fixed with safety pins so as to prevent their loss in the pleural cavity, an occurrence that occasionally happens. The writer in searching a pleural cavity in a young man twenty-three years of age, that had remained open and discharging for eighteen months, after resection of a rib, found a rubber tube 6 1-2 inches long instead of the cheesy tubercular deposit, that he insisted was the cause of the delayed closing.

The writer has never seen any statistics or statements as to the number of cures of tubercular pleuras by exposure to air and drainage, but believes that the per centage is not so high or the results so brilliant as have been attained in the tubercular peritoneum.

The writer believes that many of the bad results of purulent pleuras can be attributed to the too long delay of surgical procedures. Whenever there is a serous effusion in the pleural cavity, and no temperature, it should be drawn off by means of an aspirator; if it again refill, an excision should be made and free drainage instituted.

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#### **Influence of High Altitudes on the Blood.**

Gebhart, Frankel and Grawitz have shown that there is a notable increase in the proportion of the number of corpuscles

in the blood of persons who go from a low to a high altitude. This increase takes place in from twenty-four to thirty-six hours. It is possible that this fact may be one of the reasons for the beneficial effects of high altitude in cases of pulmonary tuberculosis. The increase of the red corpuscles is attributed to the desicating effect of a high atmosphere.—Daily Lancet.

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#### Function of the Ovary Bodies.

Dr. Lays recently reported to the French Medical Society the result of researches which he has made upon the structure of the ovary bodies. He found that the ovary bodies are connected with the cortex by the fibers which are continued in the spinal cord. He also remarked that he had found genuine atrophy of the ovary bodies in a person who stammered, from which he concludes that these small nerve centers are connected with the function of articulate speech.—Daily Lancet.

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#### Phthisis in Paris.

Dr. Langeau, in an address before the Academy of Medicine, recently called attention to the fact that phthisis is increasing more rapidly among men than among women. One-fifth of all the deaths in Paris are due to phthisis. Of 10,681 deaths which occurred in 1893 in that city, 6,553 occurred among men, and 4,128, or less than two-thirds the number, among women. The great preponderance of tuberculosis in men is believed, by the reporter, to be due to the greater use of alcoholic liquors by men.—Daily Lancet.



# Southwestern MEDICAL RECORD.

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## EDITORIAL DEPARTMENT.

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### SALUTATION.

TO THE MEDICAL PROFESSION: The proverb says, "To the making of books there is no end," and doubtless you think as much of medical journals. Your office table is in all probability now burdened with two or three "sample copies" awaiting your recognition. Notwithstanding this, the **SOUTHWESTERN MEDICAL RECORD** greets you in this its initial number and presents itself as a candidate for your favor.

Our embarking in this journalistic venture is not for the reason that we have an "ax to grind" or hobby to ride; but simply because we think we can interest you and make it mutually beneficial. No publishing or manufacturing house

backs this enterprise or controls its issue. THE SOUTHWESTERN MEDICAL RECORD is owned by a joint stock company regularly chartered by the State. The stock can never be acquired by any save a physician in "good standing," using that term as generally understood by the profession. The management of the RECORD is controlled by a board of directors, who constitute the editorial staff. These gentlemen's names you will find on the front page; some of them are doubtless known to you, at least by reputation, and we hope in the future to improve that acquaintance. It is not our purpose to bore you with a eulogistic biography of the individual members of the staff; but we wish to say, that they are not all tyros as medical writers and publishers. Their former experience will be a guarantee that this issue is not a single supreme effort, but simply one culling from the fruitful branches of medical science.

It is our expectation to improve with each issue, and to widen and enlarge our sphere each successive year and to this end hope that you will contribute anything new or interesting for the common good.

"Tis not in mortals to command success,  
But we'll do more, Sempronius, we'll deserve it."

— Addison.

EDITORS.

DR. McLAUGHLIN'S NEW THEORY.—The October Number of the Texas Sanitarian, now Texas Medical News, contains an article by Dr. J. M. McLaughlin, which outlines the theory of fermentation, infection and immunity.

The theory is not a new one, but the well known atomic theory, applied in a very unexpected way. The atomic theory was invented to explain that universal quality of matter, heat. But how life, a quality of matter by no means universal, is explained, the doctor fails to make clear. He uses vinous fer-

mentation as an example, and claims that the molecules of sugar in the grape juice are broken up by the molecules forming the cells of the ferment. He completely ignores the action of the cell as a living organism, and only speaks of its component molecular action. I suppose that he does this from the fact that there is just about as much comparison between a molecule and a ferment cell as between a ferment cell and a boulder of the Rocky Mountains.

In the application of the theory to serum therapy, his reasoning is indeed unique. The only wonder is, supposing his theory true, that the introduction of antitoxine into one immune subject does not render him susceptible. R.

DR. W. S. LAZARUS-BARLOW thus concludes an article on mouth temperature in health, produced by local application, of heat and cold, in the *London Lancet*, Oct. 26th.

“It seems probable that the modification in the temperature of the mouth induced by the local application of heat and of cold depends partly upon the modification in the temperature of the tissues of the mouth brought about by the temperature of the fluid in use, but that this portion of the modification is of short duration; the more important and lasting portion of the change seems to be due to variations in the blood supply brought about by vasomotor action. Whether this be connected with the increased activity of the salivary glands or not is at present doubtful. From the clinician's point of view the most important conclusions from this investigation are as follows: 1. Heat and cold when applied to the mouth even for a short time cause marked variations in the temperature of the mouth. 2. The effect of heat, though less pronounced, is considerably more prolonged than that of cold. In practice, if a degree of accuracy be required, I would suggest that the temperature should never be taken in the mouth

unless other parts are inaccessible; but, if only the mouth be available, then attention should be paid to the following points: (a) one hour at least, must have elapsed since the last food or drink of any kind, and even in the smallest quantity, has been taken by the patient; and (b) for ten minutes previously to inserting the clinical thermometer the mouth must have been kept completely closed. Under such circumstances as these, and under them alone, is a temperature taken in the mouth a reliable index to the body temperature.''

The above clinical facts are frequently overlooked by the medical man, and more attention should be paid to this important point by the practitioner in febrile diseases, when the temperature is one of the very important facts to be considered. The writer has quite frequently found cases in which the physician in charge had directed that the patient be given small quantities of ice water, or ice to be retained in the mouth, and at that visit or a previous one, had directed the nurse to take the temperature by the mouth at regular stated intervals. This practice is misleading and deceptive. Patients also in many parts of the United States, where catarrhal troubles are very prevalent, causing the patient to breath through the mouth, and so-called 'mouth breathers,' will also give a mouth temperature modified by the atmosphere. Temperatures taken by mouth are not nearly so reliable as by rectum. A dental abscess has often deceived the clinician as to the temperature of the body. Tonsilitis and closely allied local troubles also produce high temperature in the mouth. When a student at Chicago clinics, the writer often found out-door patients in attendance at the clinics who had a body temperature, when the temperature carefully taken by the mouth showed the temperature to be below normal. A temperature ordered taken at stated intervals, by two nurses will not always be recorded the same, nor is this always due to insufficient time for registration, but to the lo-

cation of the instrument in the mouth. The bulb of the thermometer may not be in touch with any of the tissues and yet be in the mouth. Temperature is not now considered of so much importance or as great an evil to the patient as when clinical thermometer first came into general use, but the body temperature will always remain one of the chief diagnostic points for consideration by the careful and painstaking clinician, and he should be on the alert and not substitute a local for a body temperature. B.

It is very much to be regretted that the various hospitals and state boards of health that have had experience with the diphtheria antitoxine treatment have not and do not from time to time give the profession more full and accurate statements of results with comments thereon.

What few authentic statements that have come under the writer's observation have not been confirmatory of statements made by many of the manufacturing corporations that manufacture and sell those products. Are the diphtheria antitoxines (as the writer believes), worthless products, sold only to enrich manufacturing corporations, or are they of therapeutic value, and are better results obtained by their administration than by other treatment?

The mails of the general practitioner are flooded with literature from manufacturing houses of repute, and also of marked copies of the lay press sent by them, telling of the health boards that have decided to use diphtheria antitoxine treatment, it comes guaranteed by individuals, corporations and governments, as to the superiority and purity of their products.

Will the profession know the worthlessness of those so called diphtheria antitoxines only after suffering humanity has been robbed, to make shamefully rich a few soulless corporations? B.



## EXTRACTS.

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Ulcers of the Leg : All can be Cured.

The above is the title of a paper read by Dr. Carter S. Cole, of New York, before the Mississippi Valley Medical Association at Detroit, Michigan, Sept. 4, 1895, and published in the American Medico-Surgical Bulletin, Oct. 15th.

The following is a brief outline of his method of treatment: The diathesis, or any constitutional factors that favor morbid conditions should receive proper treatment. Whatever be the variety or cause of the ulcer, it must be reduced to a simple or healthy ulcer and kept so until healed. He says ulcers that have resisted treatment for twelve or fifteen years have been healed in three weeks. He bitterly condemns the 'greased rag,' and finds little use for charcoal poultices, or other poultices, powders, ointments, or lotions, all of which may do harm instead of good.

His first step in the treatment of an ulcer is a thorough washing with soap and water and a good scrubbing with a stiff bristle hand-brush, employing anæsthetics if necessary.

The next step is a thorough cleaning out of all the soft granulations ('proud flesh'); indeed, the whole base of the ulcer, by means of a sharp curette. He finds the Volkmann spoon the most efficient instrument. The unhealthy tissue must be scooped out until we come to sound tissue, even though such procedure carries us to the deep fascia or to the bone itself. The edges of the ulcer are then freed from their attachments and in many cases the circumference is nicked at intervals of about one quarter of an inch with a sharp curved bistoury. If much hemorrhage follows, as is usually the case, a pad of gauze which has been wrung out of a 2 per cent. solution of carbolic acid is placed over the wound, and a firm compression bandage from the toes to the knee applied. (The same carbolic solution may be applied later for a day or two at a time, when the discharge becomes rapidly offensive). This dressing, when used, is allowed to remain twenty-four to forty-eight hours.

“No further lotion is used (except as noted above in parenthesis), the wound is wiped off with dry cotton, and over the wound, completely covering it, we place strips of diachylon plaster (the regular surgeon’s plaster), not attempting to ‘strap’ the ulcer, simply to protect it.” Do not make the mistake of using rubber adhesive plaster next to an open wound.

Over the surgeon’s plaster put a pad of absorptive gauze, simple sterilized gauze, holding it in place by strips of rubber adhesive plaster, or simply by the bandage. Then use the firm muslin bandage from the toes to the knees, making equal compression. The bandage is not removed unless the discharges come through, or the leg becomes painful, or the bandage gets loose; this is from two to seven days. In some cases a thin ‘seum’ forms on the ulcer which must be removed by going over the surface lightly with the curette, or in other cases by the dry absorbent cotton. If the granulations become a little exuberant, lightly brush the surface with a solution of nitrate of silver, a dram to the ounce.

If the granulations become flabby and unhealthy, repeat the same steps that have been already indicated. The subsequent care of many cases require a support of the circulation either by a properly adjusted muslin bandage or by a rubber stocking. At the first indication that the ulcer is recurring, the adhesive plaster and muslin bandage must again be brought into requisition. Not infrequently a piece of the diachylon plaster, worn for some weeks after a cure has been effected, will be conducive to the permanency of the result and to the comfort of the patient. P.

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### The Abortive Treatment of Typhoid Fever.

Dr. John Aulde (The American Therapist, Oct., 1895) read a paper on the above subject before the 21st annual meeting of the Mississippi Valley Medical Association, Sept., 1895.

By abortive treatment he meant “to convey the idea of aborting the disease or shortening its course.” He offered some objections to the routine method of treating the disease, maintaining that while it is true the micro-organism associa-

ted with typhoid fever " finds a suitable nidus for its reproduction in Peyer's patches, we must bear in mind that an inflammation of Peyer's patches is not always attended with ulceration; hence the morbid process is not actually in the intestinal tract, as generally understood. So long as the micro-organisms are confined to these bodies, although the disease is of intestinal origin, the effects are constitutional, due to the absorption of poisonous products, not only from the affected areas, but from the intestinal tract as well. It is principally for this reason that intestinal antiseptics have failed; and for the same reason, it should be added, may we expect benefits from the employment of remedies which aid or assist in rendering aseptic the contents of the small intestine, since from the above explanation, we can understand how advantageous they will prove.' "

He detailed his objections to the intestinal antiseptics most commonly employed, i. e., salol, beta-naphthol, and guaiacol, and stated that a remedy is needed, which on entering the intestinal tract will assist in rendering the intestinal contents aseptic, while at the same time it is dissolved and taken into the circulation, to be again eliminated and pass through the same role, until it is finally discharged through the bowel.

He thinks we would naturally turn to one of the salts of mercury for this ideal remedy, but unfortunately mercurials have utterly failed to control typhoid fevers, although calomel was given, and is even now recommended, under the mistaken notion that it acts as an intestinal antiseptic.

He asserted that the arsenite of copper fulfills every claim, that he and others had pretty thoroughly tested it clinically; Dr. A. H. Thomas, of Hurley, Wis., reporting (*American Therapist*, December, 1893) ninety cases treated with arsenite of copper with but a single death, and that from intestinal hemorrhage. Dr. Aulde claims in his paper, that since the autumn of 1888 he has never failed to abort or shorten the course of typhoid fever with arsenite of copper, administered with the indicated remedies to be mentioned below.

He explains this sweeping assertion by stating, that in the first week typhoid fever is specific, but after this it is a mixed infection, due to the effects of the disease upon the

functions of elimination, and that when the claim is advanced that typhoid fever can be arrested at any stage, it means that the typhoid, or specific nature of the infection can be caused to disappear when there remains a simple continued fever.

The following is a brief outline of his method:

As a rule he gives arsenite of copper, 1-100 grain, at intervals of four to six hours while awake. Should there be evidence of hepatic complications, he substitutes biniodide of mercury, 1-100 grain, every two or three hours for one or two days. It may be necessary to repeat the mercury, but it should not supplant the copper salt. When the patient is restless or sleepless, small doses of bromides are given, or one fifth grain dose of codeine sulphate every two hours during the afternoon may be substituted. In addition to this, he has found nuclein solution, the animal products, most effective in restoring the functional activity of the glandular system. He gives one-third to one minim at intervals of two to four hours. In serious cases, or when the disease has reached the second week, both remedies should be given hypodermically, preferably in the following manner: A tablet containing one grain of chemically pure arsenite of copper is dissolved in four ounces of boiled water, and to this mixture add dilute hydrochloric acid drop by drop until it becomes clear, thoroughly agitating. Thirty minims of this clear solution represents about one sixty-fifth of a grain, which amount can be injected under the skin night and morning. The nuclein solution is given in doses of two to five minims (five to ten drops), diluted with a syringe full of sterilized water and introduced subcutaneously in the same manner, twice a day.

After giving an explanation of the actions of the remedies, the paper closed with the following words: "By this plan of treatment, typhoid fever can be arrested, if taken in the early stages, within a few days, or at most in less than a week. When adopted during the second week of the disease, or subsequently, the peculiar character of the affection is changed; the temperature falls, the patient experiences a feeling of well-being, threatened complications subside and recovery takes place, relapses being unknown."

## FROM OTHER JOURNALS.

## Medical Superciliousness.

There are two or three muscles, if we can say such a thing reverently, that we should like to eliminate from 'the human face divine.' The Prince of Aragon had the arrogance to say that if he had been by the Creator at the 'great event' he 'would have made some valuable suggestions.' Now it is not so far as this that we presume to go, but somehow or other, we do feel that there are some of the facial muscles that have been terribly tortured into the permanence of expression by certain untoward ideations which do not contribute to the perfection of the ideal man by any manner of means. And we are grieved—mortally grieved to say that we find this abnormal manifestation of character presentation most largely developed in the medical profession.

The muscles to which we refer are the corrugator supercilii—the levator labii superioris alæque nasi and the levator anguli oris. Herbert Spencer has well said that 'Expression is feature in the making.' There is not a thought, an emotion, a desire, an impulse, or an idea of any character, that is not solidified in the face, and the continual use of these muscles under the influence of the special ideations which call them into action, does seem to have given to the caricaturist the ideal of the modern 'doctor's' face.

"'Tis true 'tis pity—and pity 'tis 'tis true."

Why in the name of heaven is it not possible for one physician to speak of another without turning on the electricity to these muscles we have mentioned? The everlasting 'Ego' seems to be the 'Deus ex machina' of the physician's character. Just let a society be formed among a few of the profession, who for local and other reasons wish to unite at stated times for conference and intercourse, and the howl begins from every side. Sarcasms fly thick in the air as baseless as the air itself and generally as empty as the brains that fling



them. Let a hard-working and reputable physician accomplish something in the earnest work of his life. As soon as it becomes known and threatens—God save the mark—to become recognized, from that moment he is hounded down by jealous whelps whose only evidence of existence in the world is their hollow bark at the heels of honest effort.

It is a sad fact, but it is a fact nevertheless, not to be gainsayed or denied, that the supercilious muscles, solidified into permanent feature, has made the fortune of many a medical fraud through its influence on the ignorance and gullibility of the laity. We are sorry to speak out on this point, but we have said nothing but what is fact, and most deplorable fact at that. It does make our blood boil to see these strutting medical turkey-cocks ever and anon flipping out with a loud phiz their feathery tails and strutting around with the string on these levator muscles, all the time crowing as they strut. "We are the world and wisdom will die with us." "When I ope my mouth let no dog bark." Is there no remedy? Is there no God in Israel? If there is, let him show his hand and show it quickly.

. A BAS LES LEVATORES.

—St. Louis Clinique.

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DECIDED AT LAST.—There has been some discussion as to the propriety of the right uses of the word "I" or "we," but "the transaction of the antiseptic club" contains the following, which should close all controversy: "Dr. Moloris during the discourse constantly employed the term "we," and the president reminded Dr. Moloris that "only a royal person or one with a tapeworm was entitled to say we." While Dr. Moloris had no tapeworm, he consoled himself for his incomplete intestinal fauna by speaking French, and the acquisition of that language entitled him to say "we."

## HOSPITAL NOTES.

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Houston, a railroad center, with three hospitals and seventy thousand inhabitants, cannot boast an ambulance. For a city to assume metropolitan airs and then have her patients moved in a patrol wagon is a sad commentary. Hardly a day passes but that a stranger may see some subject of morphine poison or railroad accident on public exhibition, riding as luggage in a baggage wagon or as freight in the patrol wagon. It is to be hoped that this condition of affairs may be soon modified by more modern methods.

The St. Joseph's Infirmary, of this city, is now in its elegant building on Crawford street. Phoenix-like, the new springs more glorious, from the ashes of the old. We bespeak for the Sisters an uninterrupted flow of prosperity.

The 6th of Sept. one C. C., a negro, was brought to the Houston Infirmary, suffering with a compound fracture of the left tibia and fibula, at the lower third. The bones were crushed as well as fractured. The soft parts, involving tissues above the ankle and on the foot, were macerated and afterwards sloughed. For forty-eight hours it was necessary to apply artificial heat to the foot before the collateral circulation was established. The bones united in six weeks. The external wounds healed in two and one-half months. And he is now well, with full use of his ankle. This case forcibly illustrates the wonderful recuperative power of the African tissue. R.

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## NEWS AND MISCELLANY.

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Dr. Weir, from Louisiana, has lately located in our city.

Dr. E. A. Harris has located at Waco. The doctor carries with him the best wishes of the Houston profession and a host of friends.

Dr. R. D. Harris, late of Houston, has located at Fulshear, Fort Bend county. The doctor carries the best wishes of the SOUTHWESTERN.

Dr. J. H. Burleson, specialist on eye, ear, nose and throat, is located in Cuero, and doing a nice practice.

Drs. Larendon, Parker, McDonald and Bering are candidates for the position of city health officer.

Dr. John Throckmorton, one of the oldest practitioners of medicine in the state, died at his home in Houston on Dec. 28th, aged 75 years. He graduated in medicine in 1844 from Medical Department of Transylvania University, Lexington, Kentucky. He located in Houston in 1870. During the late war he was chief surgeon in Hobby's regiment, stationed at Corpus Christi and Galveston.

Dr. J. E. Cannon, of Celeste, Hunt county, has located in Alvin.

Dr. A. L. Wray, of Mercer county, Illinois, has located in Houston for the practice of his profession.

Doctor, if after looking over the initial number of the *SOUTHWESTERN MEDICAL RECORD*, you think you would be benefited by its monthly visitation, we will be pleased to have your subscription. Only \$1.00 for a year.

Dr. Isadore Gluck, formerly of Houston, is now located in the practice of his profession in the city of Mexico. His address is as follows: Profesa No. 6, City of Mexico. The doctor will be a correspondent of this journal.

Dr. R. Miller, late of Houston, has gone to Sherman; he will limit his practice to the eye, ear and throat, and has taken the office of Dr. Taylor, who has moved to New York.

Dr. N. J. Phenix, of Alvin, has decided to join the Houston fraternity, and has opened an office corner Preston and Main.

The Texas Association of Railroad Surgeons will meet in Houston the 19th of January, 1896. The Association will be in session three days. From present indication, the meeting promises to be one of unusual interest. Dr. M. D. Knox, of Hillsboro, President, and Dr. J. R. Stuart, of Houston, chairman of committee of arrangements, are leaving no stone unturned in their preparations for the entertainment of members. Their headquarters while in the city will be at the Hutchins House.

Dr. F. R. Gollard, of Wheelock, Texas, is convalescing from an attack of appendicitis.

Dr. Rutherford made a flying trip to Atlanta, visiting the Exposition and his numerous Georgia friends.

Dr. Hamilton, of Austin, has been elected resident surgeon of the city hospital of that place.

The Houston District Medical Association is in a flourishing condition. The following are the officers: President, Dr. R. W. Knox; Vice President, Dr. R. C. Hodges; Secretary, Dr. J. M. Blair; Treasurer, Dr. G. D. Parker.

Kansas City has a Womans' Medical College, just established. It will perhaps fill a long felt want for a few who are desirous of advertising themselves with the prefix of professor. There are one-half too many medical colleges in the United States.

Physicians who subscribe for the RECORD and have a practice for sale, or those wishing to buy or exchange, should send particulars to us with one dollar and the same will appear for three consecutive months. Non-subscribers, \$2.

TO SUBSCRIBERS.—Send us short articles on interesting cases and prescriptions. Articles should be in by the first of the month.

Houston is buying a diagnosis of Buffalo Bayou water. A chemist of our city said it was good water; the Water Works Co. said it was sulphur poisoning; and now we are told by a professor of science that she is suffering of tapeworm. For the latter diagnosis the city fathers paid \$170.60. The Houston District Medical Association told the public that the water was "contaminated and not fit for domestic use," and this is, practically speaking, all of it in a "nut shell." Every citizen of Houston is now cognizant of the fact that Buffalo Bayou water is not fit for domestic use, and for all practical purposes is not this diagnosis sufficient for the city fathers?

The Austin District Medical Society held its 33rd quarterly meeting at that place on the 19th of December and elected the following officers for the ensuing year: President, A. N. Denton, of Austin; 1st Vice President, C. F. Farber, of Round Rock; 2nd Vice President, T. J. Tyner, of Austin; Secretary and Treasurer, S. E. Hudson, of Austin. J. W. McLaughlin, of Austin, and A. Jay Sibley, of Carl, were elected to fill places on the board of censors.

## POETRY.

## His Pneumogastric Nerve.

Upon an average twice a week,  
 When anguish clouds my brow,  
 My good physician friend I seek,  
 To know "what ails me now."  
 He taps me on the back and chest,  
 And scans my tongue for bile,  
 And lays an ear against my breast  
 And listens there awhile.  
 Then he is ready to admit  
 That all he can observe  
 Is something wrong inside, to wit:  
 My pneumogastric nerve!

Now when these Latin names within  
 Dyspeptic hulks like mine  
 Go wrong a fellow should begin  
 To draw what's called the line.  
 It seems, however, that this same  
 Which in my hulk abounds,  
 Is not, despite its awful name,  
 So fatal as it sounds:  
 Yet of all torments known to me,  
 I'll say without reserve,  
 There is no torment like to thee,  
 Thou pneumogastric nerve.

This subtle, envious nerve appears  
 To be a patient foe—  
 It waited nearly forty years  
 Its chance to lay me low:  
 Then like some withering blast of hell  
 It struck this guileless bard,  
 And in that evil hour I fell  
 Prodigious, far and hard.  
 Alas! what things I dearly love—  
 Pies puddings and preserves—  
 Are sure to rouse the vengeance of  
 All pneumogastric nerves.

Oh, that I could remodel man!  
 I'd end these cruel pains,  
 By hitting on a different plan  
 From that which now obtains.  
 The stomach greatly amplified,  
 Anon should occupy  
 The all of that domain inside  
 Where heart and lungs now lie  
 But, first of all, I should dispose  
 That diabolic curve  
 And author of my thousand woes,  
 The pneumogastric nerve!

—EUGENE FIELD.



## BOOK REVIEW.

"Who shall dispute what the reviewers say?  
 Their word's sufficient, and to ask a reason  
 In such a state as theirs is downright treason."

—CHURCHILL.

A SYNOPSIS OF THE PRACTICE OF MEDICINE: By W. B. Stewart, A. M., M. D., Lecturer on Therapeutics; Late Instructor in the Practice of Medicine in the Medical-Cherurgical College of Philadelphia; Demonstrator in the Philadelphia School of Anatomy. 1 vol., 419 pages. Price, \$2.75. E. B. Treat, Publisher.

This is an excellent work for the busy practitioner; short, concise and conveniently classified. The style is clear and no panacea is lauded or hobby ridden, but a broad liberal presentation is made. The chapters on respiratory diseases are succinctly written, and to assist in the diagnosis, the "deadly parallelism" is utilized.

A HANDBOOK OF OBSTETRIC NURSING: By Anna M. Fullerton, M. D., Physician in charge of, and Obstetrician, Gynecologist and Surgeon to, the Womans' Hospital of Philadelphia. 4th revised edition. 1 vol., 250 pages, cloth, Price \$1.00. P. Blackiston, Sons & Co., Publishers, Philadelphia.

While this work is intended primarily for the trained nurse, it could be perused with benefit by the physician and patient. There is no condition that requires such scrupulous cleanliness and rigid antisepsis, and there is no condition that gives such satisfactory results from their observance, as the parturient state. The care and attention of the new-born babe is concisely placed before the reader. We can most heartily indorse this work.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF SKIN DISEASES: By Arthur Von Horlingen, Ph. B., M. D., Emeritus Professor of Dermatology in the Philadelphia Polyclinic; Dermatologist to the Howard Hospital. 1 vol., 3rd revised edition, 577 pages, cloth. Price \$2.75. P. Blackiston, Son & Co., Philadelphia, Publishers.

This issue is an increase of 160 pages over the 2nd edition of 1889, containing new illustrations and a brief account of some of the rarer diseases. Another improvement is the introduction of foot notes and references, which adds scope to

the work and makes it a good reference book. Acne and eczema occupy the usual amount of space, 30 pages to the former and 73 pages to the latter, making about one-fifth of the whole. This is a very valuable addition to dermatological works.

**SPECTACLES, EYE-GLASSES, Their Forms, Mounting and Proper Adjustment;** By R. J. Phillips, M. D., Philadelphia, Pa., P. Blackiston, Son & Co., Philadelphia, Pa. Price \$1.00.

The second edition of Dr. Phillips' work of the above title is most assuredly a welcome addition to the oculist, as well as to the student and optician. Its contents are of the most practical nature, supplying the student of optics with facts whose acquisition would otherwise require years of experience. The 4th chapter, devoted to the "Inspection and Adjustment of Spectacles and Eye-glasses," appeals to the mind of the active worker as well as to the willing student. Its pages are full of reliable matter, the natural result of Dr. Phillip's long study and constant observation. The work justly deserves a warm and appreciative welcome.

J. M.

**A GUIDE TO THE PRACTICAL EXAMINATION OF URINE:** By James Tyson, M. D., Professor of Clinical Medicine in the University of Pennsylvania, and Physician to the Hospital of the University; Physician to the Philadelphia Hospital, etc., etc. Cloth, 1 vol., 9th edition. Price \$1.25. Publishers, P. Blackiston, Sons & Co., Philadelphia.

The number of editions of this valuable little book indicates its meritorious reception by the physicians and students of medicine. The illustrations are good, and the urinary tests short and complete.

**MODERN GYNÆCOLOGY:** By C. H. Bushong, M. D., Assistant Gynæcologist to the Demilt Dispensary, New York; assistant to the Vanderbilt Clinic College of Physicians and Surgeons, N. Y. Cloth, 1 vol., 374 pages. Price \$2.75. E. B. Treat, Publishers, N. Y.

**THE ART OF COMPOUNDING:** by Wilbur L. Scoville, Ph. G., Professor of Applied Pharmacy and Director of the Pharmaceutical Laboratory in the Massachusetts College of Pharmacy. 1 vol., cloth, 215 pages. Price \$2.50. P. Blackiston, Sons & Co., Publishers, Philadelphia.

## PUBLISHERS' NOTES.

The Pil Orientalis (Thompson) appears on page xxxvi of this issue. This preparation as an aphrodisiac has no superior, and has received the endorsement of the medical profession.

D. W. Bartlett, M. D., is a thoroughly reliable artificial limb and truss maker. Those needing such apparatuses and orthopædic appliances should consult the doctor, 218 1-2 Travis street, Houston.

We take pleasure in calling the attention of physicians to 'Hockerbrau,' a malt preparation made by the American Brewing Association, of Houston.

The usefulness of good Hypophosphites in pulmonary and strumous affections is generally agreed upon by the profession. We commend to the notice of our readers the advertisement on page xxxiii of this number, 'Robinson's Hypophosphites;' also, 'Robinson's Hypophosphites with Wild Cherry Bark' (this is a new combination and will be found very valuable) are elegant and uniformly active preparations; the presence in them of Quinine, Strichnine, Iron, etc., add highly to their tonic value.

Trikresoliodin.—Registered—Prepared under the formula and supervision of Dr. F. Mortimer Reeves. The peculiar pathological conditions existing in Rhinitis, Atrophic and Hypertrophic, and Post-nasal Catarrh, require something more than the ordinary paliative measures resorted to, as a rule, to controvert them successfully. Reaction is positively necessary, and can only be secured by an agent producing a safe, non-erosive, osmotic effect, guarded by sedatives and antiseptics non-irritant themselves. This preparation possesses all these requisites. Literature sent on application. Prepared strictly for physicians' use. Meyer Bros. Drug Co., Sole agents United States and Canada, St. Louis and New York.

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## ORIGINAL COMMUNICATIONS.

### Foreign Bodies in the Nares and External Auditory Canal.

BY DR. R. C. HODGES, OF HOUSTON, TEXAS, EYE, EAR, NOSE AND THROAT.

After her firstborn has safely swallowed and passed its first pin or other foreign body, the next incident of like character which most alarms the mother, is the discovery that the little one has put some one of the thousand and one foreign substances within reach in its precious nose. The alarm she feels is perfectly natural, and seldom will you meet with more gratitude than in cases where you successfully remove the offending body.

I have had a mother from the room to which she has fled to avoid the shrieks of her child, request the husband, a much uglier man than I, to give me a kiss for her, so great was her gratitude at the result of my successful endeavors to remove a smooth and rather harmless shirt button from the baby's nose.

Seriously, however, these cases are of frequent occurrence, and if not immediately recognized may lead to grave

complications, impairing the general health of the child, as well as seriously interfering with the nutrition of the parts, and producing disturbances of the nervous system equally grave.

Foreign bodies in the nose, in my experience, are more frequent in boys than girls, more often in the right side than left, and the same is true of foreign bodies in external auditory canal. A list of foreign bodies likely to be found would comprises all objects in reach and small enough to be accidentally or purposely introduced.

Diagnosis—When the case is a recent one, diagnosis is already made and it is ordinarily necessary only to inspect and with proper care and skill remove the foreign body.

The cases in which one should carefully construct a diagnosis are those where no history is given of the accidental or intentional introduction of a foreign body. Many children have suffered pain and impairment of health for weeks and months, and even years, owing to the unexpected presence of a foreign body in the nose or ear. The profession are surely familiar with the very severe general symptoms which occur in all acute disturbances of the nose and naso-pharynx, from high fever, occurring so frequently in simple colds, to the graver depression manifested in more serious troubles, and out of all proportion to the severity of the local manifestation.

It is a very safe venture to consider that every child of less than five years of age, suffering with a so-called catarrh of any considerable duration, as having a foreign body in the nose until the contrary is positively demonstrated. When the discharge is from one nostril only, with occasional occurrence of epistaxis, there is even more reason to believe that a foreign body of some kind will be discovered. Children of tender years, unless of strumous or syphilitic diathesis, rarely are subjects of catarrh in form so severe as to simulate symptoms of a foreign body, and when so affected, the disease is not confined to one side of the nose. Post nasal obstructions from adenoid hypertrophy produce symptoms so characteristic as to exclude them from consideration here. To briefly sum the chief points in diagnosis: unilateral discharge of weeks or months duration, epistaxis, also unilateral and of frequent occurrence, irritability, nervousness, marked ob-



structions, swelling of external soft parts, sometimes extending as high as the inner angle of eye and externally over superior maxillary, tenderness on pressure on cartilage and adjacent parts, should all lead to a diagnosis of foreign body in nose. Direct inspection (sometimes difficult in small children), the blunt pointed probe, and other instruments used in nasal examinations, will confirm the other symptoms.

General anæsthesia is often necessary to enable one to make a clear diagnosis and at same time remove the offending substance.

Treatment of these cases naturally suggests itself. Remove the foreign body and treat the local conditions according to indications and severity. In young children, without the use of an anæsthetic, I proceed as follows. Place the child astride the knees of an assistant, with its back towards you, sitting in low stool or chair, with towel over your knees. In this position the probe can be introduced readily and the foreign body located. In the majority of cases I find a small strabismus hook the handiest for removing almost any foreign body not completely filling the lumen of the nasal cavity. With point down it is introduced along the cartilaginous septum at an angle of 45 deg., until, if possible, it reaches the superior meatus; the handle is then raised until the point engages the foreign body or reaches the floor of nose, and is then drawn gently forward. In nine cases out of ten the foreign body will come away. In old cases, considerable bleeding may follow.

In older children, who will permit such methods, direct inspection with speculum and blunt hook, etc., etc., render the undertaking simpler, while local use of cocaine greatly facilitates matters in recent cases, but in old ones it is of little value, the inflammatory conditions interfering with its anæsthetic effect.

The universal domestic instrument, the hair pin, serves in many cases the same purpose as the many ingenious instruments invented for this work.

There are many expedients which would suggest themselves to an ingenious surgeon as in any other emergency, and I have a sincere pity for the man who must always have a special instrument for every case. Emergencies bring out

all the natural abilities, and no doubt the discussion to follow will clearly demonstrate this.

Before considering foreign bodies in the ear, I wish just as a supplement to my remarks at beginning of paper, to enumerate a few of the foreign bodies I have removed from the noses of children. Environment has much to do with their nature, and no doubt other surgeons could add to my list articles and substances just as unique in every way. Among the more common articles are shirt, shoe, collar, and pants buttons, tacks, pebbles, china, coal, berries, seeds of grapes, lemon and oranges. Among the more unusual, and producing more serious lesions and symptoms, and in several cases entirely unsuspected, were pieces of wood, glass tube, button-hook, sponge, paper, worsted tassel, date seed, grass burr, and small safety pin. Should I attempt to enumerate what others have found, your patience would be exhausted before the list would be completed.

I have purposely omitted the various larvæ and insects found in the nose, as they are rarely introduced by patient, but made their way there of their own accord and very rarely are found in the nasal cavity of children.

Foreign bodies in the ear are not so common as in the nose. A child's inclination naturally leads it to select the more accessible cavity. Still, many a child's ear has been saturated with sweet oil and laudanum, glycerine, wizard oil and even urine to cure the so-called rising in the head, when the judicious use of an ear syringe would have discovered the offending foreign body.

Right here I would like to ask the members present if they can offer any reasonable explanation of the popularity of urine, known in domestic materia medica as "chamber-lye," as a remedy in inflammation of the eye, ear and throat. My first case amazed and disgusted me, but at the present writing I have ceased even to use an exclamation point.

Owing to its less tolerant reception of foreign bodies, the ear is less rarely troubled by their prolonged presence. Pain, deafness and vertigo may be at once excited or follow later, owing to the size and nature of substance introduced. Frequently the auditory canal is already in a state of catarrhal or purulent inflammation, and the itching and

irritation or obstruction serves as an inducement to introduced variety of foreign bodies which may accidentally be left there. They serve the unwelcome purpose of increasing the severity of the existing symptoms, while the pre-existing inflammation and discharge mask their presence. As in recent cases, the history makes the diagnosis of foreign bodies in the nose comparatively easy, so it is in recent cases of foreign bodies in the ear. In obscure cases, only by direct examination can a diagnosis be made. Inspection through a proper speculum, with the best obtainable light, in the average case will enable us to judge of the size, location and form of the foreign body. Often, general anæsthesia will be necessary to control the patient, and even this will be of no avail in an ear where there is an accumulation of pus, cerumen, hairs and epithelium, until the canal has been thoroughly cleansed.

One case which I relate below is sufficient to demonstrate this assertion, without going into details for my reasons for making it.

Treatment is simple in the majority of cases where foreign body was readily introduced and little disturbance caused by its presence.

A stream of water from a well constructed ear syringe will dislodge almost any foreign body not affected by moisture and small enough to have been introduced without severe pain or injury or laceration. Bodies rough enough to afford a good hold for forceps or hook may also be removed with comparative ease, though rarely without causing severe pain to the patient. Various instruments have been devised for the removal of foreign bodies from the auditory canal, each one having its conception in some special case presenting complications the instrument is supposed to fully overcome. Wads of paper or other soft material can be removed by piecemeal, but grains of corn, beans, large buttons and other substances which have swollen or are too hard or smooth to hold in forceps, demand more radical procedures. Incising the floor of the canal and cartilage at its intersection has been necessary in two cases, the hook being passed along the line and in the bottom of the incision until behind the foreign body, then by gentle traction removing it. The still more radical measure, which should be conducted under strict antiseptic precau-

tions, consists in separating by an incision from below the insertion of the lobule upward along the line of attachments of the auricle and as far as the meatus. The cartilaginous and periosteal attachments being carefully freed, the ear is turned forward. The bony canal may have to be enlarged by use of drill or chisel. The operation is not frequently called for.

In closing, I will give you the history, treatment and results, in a few more interesting cases, beginning with foreign bodies in the nose.

R. W., aged 6 1-2 years, brought to me for treatment for nasal catarrh. For two years and a half had complained of ugly discharges from right nostril, with an occasional epistaxis; discharge from one side constant, from both sides intermittent, and bleeding also occurring at intervals from both sides. Examination showed nasal cavities filled with muco-purulent matter, masses of necrotic tissue and exuberant granulations. Spraying and washing out nasal cavity caused but little improvement in appearance. The case had for two years been treated by sprays and douches, and had been taken to New Orleans, where "the dead bone had been scraped" (the mother's words). The strabismus hook was introduced with some difficulty, and though the bleeding was quite profuse, I succeeded in removing one wooden shoe button and part of another, showing just where the dead bone, or more truly the button, had been scraped. Dobell's solution and 1 to 10000 bichlorid, used as spray for a week, produced a happy result, and the case was dismissed after ten days.

F. S., aged 4 1-2 years, for eighteen months had a profuse purulent discharge from the right nostril, so offensive as to be noticeable when he came into the room. Attempts to clean nose by blowing or washing produced profuse bleeding. The child was pale, fretful, anæmic, and the examination partook somewhat of a rough and tumble fight. The hook was introduced and brought forth a nondescript mass of so foul an odor that I put it outside the window until I could control the bleeding, wishing to inspect it more carefully. After cleansing cavity with Dobell's and Seiler's solution and getting the hemorrhage controlled, he left the office not to return until last week (over a year later). On examination,

the mass removed proved to be a large piece of coarse sponge filled with granulations, pus and blood. Treatment at home entirely relieved him, and there has been no return of the catarrh for which he had long been treated. The case had been diagnosed as tubercular and malignant disease of the nose, and probably the only symptoms considered were the discharge and terrible odor.

From another patient I removed a good sized worsted or chenille tassel, which produced similar symptoms.

Annie H., referred to me by family physician, who suspected foreign body, was found to have a small piece of hard coal in right nares, sharp and angular. On removal, all symptoms subsided.

Of recent and easily recognizable cases, the following is somewhat unique: Little Miss K., was seen by her mother gagging and choking and making frantic efforts to remove from her nose a small button hook. The mother in her haste dragged the small wooden handle from the shaft, leaving the hook firmly caught in the soft tissues. There was considerable bleeding, but after calming the patient I succeeded in removing the hook. Examination revealed, though, that the child had passed the hook through the nose into post nasal space, and in the convulsive movements excited by its pressure, had caught the edge of the soft palate about 1-4 of an inch from the uvula, tearing it through and to a depth of nearly 3-8 of an inch. They would not submit to stitching of the wound, and the slit still remains, though apparently not affecting voice or speech.

The following case will illustrate sufficiently the subjects of foreign bodies in the ear.

Mr. D. consulted me in December last, on account of a discharge from both ears, more marked from right ear, accompanied by deafness and severe pain. Left ear on examination proved to be affected with a chronic purulent otitis externa. Right ear was apparently completely occluded by inspissated pus, epithelium hairs and loric acid. Currying the mass gently caused intense pain. The free use of hydrogen peroxide, followed by warm bichlor. sol., brought into view a hard mass which I readily grasped and removed with forceps. It proved to be a piece 3-4 of an inch in length of a



square sulphur match. The match had been used to scratch or clean the ear and been broken, leaving the large piece behind. After removing the balance of the mass and again cleaning with peroxide, the entire canal was seen badly inflamed, the memb. tymph. thickened and engorged and about ready to perforate. Pyocktanin locally, with careful daily cleansing, in two weeks time effected a perfect result. Now this case had been treated before. Boric acid had been packed into the ear on top of the match and other matter filling the auditory canal, and, strange as it may seem, this brilliant work had not given relief.

I could detain you longer and relate other cases, but I know the gentlemen to follow me have valuable suggestions to offer and interesting cases to report, and I will close.

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### **A Very Interesting Case of Delirium Tremens.**

Reported by Dr. L. A. L. Lamkin, Houston, Texas.

Owing to the scarcity of literature upon this subject (delirium tremens), a case which came under my observation sometime ago seemed to me of sufficient interest to report.

On the night of October 10th last, I was called to see a man who for a month previous had been drinking very heavily, during which time he had been able to retain no food whatever on his stomach, everything eaten being immediately vomited, and under such circumstances, you may imagine that as little attempt was made at eating as possible. I had him put to bed, and as he was very restless, I gave him 1-4 gr. morphia hypodermically, thinking that it would put him to sleep, and that next morning perhaps he would be all right. About two hours afterward, I was hurriedly called, the young man informing me that the patient was perfectly wild, and that it was almost impossible to keep him in bed. I found him in a violent state of excitement; his face denoted abject terror, and imagining some enemies were after him, and being a man of powerful physique, it required the combined efforts of six men to hold him down. I then did what I will never again do—what I had always been taught not to do, but what at the time seemed to me the most rational—

gave him 1-2 gr. morphia hyp. It had no effect whatever, and the whole night was spent trying to hold our patient on the bed. There were a few intermissions of quiet, but they were of short duration, and when over, he bounded up with renewed vigor, and for about ten minutes he kept up his part of the fight. Toward morning he fell into a fitful sleep, and on awaking was perfectly conscious and related to me his history. I gave him 1-30 gr. strychnia hyp., which I repeated in the afternoon. I ordered a liquid diet and stopped all stimulants. Toward evening, when I expected a return of the delirium, I gave him two large doses of bromide of soda and sulfonal, about two hours apart. I ordered everything to be perfectly quiet in the room, no one to enter but those nursing him, and the bells around the hotel stopped. About 8 p. m., I was called again and found him in the same state as the previous night. After repeated efforts, I managed to give him 30 gr. chloral, which quieted him and, although he had occasional spells until morning, during the day he was perfectly rational and informed me that two years previous he had been strapped to an iron bed in San Antonio for the same trouble. I continued the strychnia, giving him injections daily and gave him a tonic containing capsicum and cinchona. We could easily tell when the convulsions was coming on. His eyes would become fixed and staring, breathing would become accelerated, he would begin to tremble in every limb, and his countenance denoted intense fear. If at this time his face was briskly slapped and his name loudly called, he could sometimes be aroused; but he would soon relapse into the same state. On the third day he had one convulsion in the afternoon, brought on by hearing a fire engine going by, he imagining the hotel was on fire. This only lasted a few moments, and after this for three days they came on regularly about 8 p. m., gradually becoming less violent and of shorter duration. In talking one day, he told me that when a child, owing to the excessive pain caused from pressure upon two deformed toes while walking, he would often fall fainting in the street, and he continued to have these fainting spells until, when a young man, he had the toes removed. Afterward, he had four or five, but had gradually ceased to be troubled in this way. During the above sick-

ness, however, the last three nights he was not at all violent, but would lie in an unconscious state, his eyes rolled back, every muscle very tense and occilated breathing. Dr Knox, who saw him at this time, thought, and so did I, that this was probably a return of the old spells he had in childhood. On the eighth day I allowed him to get up, and after this there was no return of the trouble. Sulphate strychnia, the above tonic, and a large dose of chloral an hour before the expected attack, was all given. He was kept on liquid diet and several times bowels had to be moved with enemas. Had to draw urine three times, but beyond this had no trouble whatever. I will never again use morphine in these cases, for I now know from experience it does more harm than good.

#### **The Woman who did not Urinate for Eleven Days.**

Reported to the Houston District Medical Society by Dr. F. B. King.

Was called on Dec. 7th, 1895, to see Miss B., who informed me she was having chills and fever every other day, and mentioned incidentally she had not passed her water for five days. This statement I questioned very closely. Found Miss B. to be a rather intelligent lady of 18 years, single, had always been healthy, had never had any trouble of a similar nature, except when 12 or 13 years old, had a fatty tumor removed from the back at point of shoulder, and suffered from suppression of urine three days. I suspected retention, probably from over distention, as she was suffering with cutting pains in bladder and hypogastric region. I introduced the catheter and drew off one drachm of urine. I watched the case closely for six days, without any change; I introduced catheter from time to time with negative results, excepting a temperature from 100 to 102, restless, inability to sleep, slight oedema of face, severe headache, localized spasms of the face and neck muscles. On 9th to the 11th day, no grave symptoms were developed; on the 11th day I drew one ounce urine, clear, specific gravity 1010, alkaline reaction, no albumen; on 13th day after violent exertion she passed 1 oz. urine; has gradually increased to 16 ounces every other day. Six weeks since first attack she assures me she feels perfectly well and urinates every other day as stated.

The points of interest in the case, the continued suppression of urine, without developing grave symptoms.

The tolerance of the system and therapeutic remedies—I gave her one quarter grain of muriat pilocarpine hypodermatically, without perceptible effect on skin or glands, one grain elaterium, and 2 gtt. ol. tiglia, without purgation; other remedies met same fate; lastly that, she has recovered.

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#### Anaesthetic Statistics from Germany.

The report for the current year deals with a total of 52,384 administrations, with 21 deaths (1 in 2,494); made up as follows: Chloroform in 33,083 cases (1 in 1,946); ether, 11,669 cases (1 in 5,834); chloroform and ether, 3,896 cases; A. C. E. mixture, 750 cases; bromide of ethyl. 2,986 cases.

Chloroform has been used less frequently during the current year (33,083 against 38,400 in 1893), while the number of ether administrations has increased (11,600 against 6,200 in 1893). All administrators refer to the considerable increase of secretion of mucus and saliva caused by ether, and the tendency to the development of bronchitis and pneumonia. Pictet's "ice-chloroform" was used in 3,182 of the above cases, and there were two deaths.

If the four years during which statistics have been collected be taken together, there is obtained a total of 166,812 chloroform cases, with 63 deaths (1 in 2,647); 23,320 ether cases, with two deaths (1 in 13,160); 8,014 chloroform and ether cases, with one death (1 in 13,160); 8,014); 4,190 A. C. E. mixture cases, with one death (1 in 4,190); 7,541 bromide of ethyl cases, with two deaths (1 in 3,770); 597 pental cases, with three deaths (1 in 199).—Edin. Med. Jour.

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He—I should think medicine would be a peculiarly difficult profession for a woman.

She—Why?

He—In order to succeed, she would have to give up trying to look young.

### What is a Blush.

It seems that, unlike an osculatory demonstration, a blush can be scientifically defined. A Cincinnati physician attempts it as follows:

“A blush is a temporary erythema and calorific effulgence of the physiognomy, ætiologized by the perceptiveness of the sensorium when in a predicament of unequilibrium from a sense of shame, anger, or other cause, eventuating in a paresis of the vaso-motor nervous filaments of the facial capillaries, whereby, being divested of their elasticity, they are suffused with radiance emanating from an intimidated præcordia.”

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### Cheap Life-Insurance Examinations.

At its recent annual meeting the Marion County (Florida) Medical Society adopted the following preamble and resolutions:

Whereas, The various life insurance companies throughout the United States have reduced the fee for medical examination from five to three dollars,

Resolved, That the members of Marion County Society refuse to make such examinations for less than five dollars.

Resolved, That this preamble and resolution be spread upon the minutes of the society and published in the medical press of the United States.

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### Cocaine Anaesthesia.

Before the New York Academy of Medicine Dr. Weyth said he had been a strong believer in cocaine anæsthesia since its first introduction, and had used it in many hundreds of operations of all grades of severity. He always employed a four per cent. solution, and had seen no toxic effects, but it should be remembered that he employed only one or two minims in one place, and during an excessive operation did not exceed twenty-five minims. The application was made at intervals as the operation proceeded. He had tried weaker solutions, but preferred the four per cent.



# Southwestern MEDICAL RECORD.

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All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to **SOUTHWESTERN MEDICAL RECORD**, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to **ROBT. T. MORRIS, M. D.**, Secretary, Houston, Texas.

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**To Contributors and Correspondents.**—Original Articles, Clinical Reports, Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere.

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## EDITORIAL DEPARTMENT.

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### THE TREATMENT OF FEVERS.

The treatment of fevers has undergone considerable of a change during the last few years. It has only been a short time since all of the medical journals were teeming with the great wonders accomplished by use of antipyretics. Statistics were compiled, and showed marvelous results in the reduction of mortality rate where the various fever-reducing agents were administered. The professors in the different colleges and the writers for the various periodicals dilated to a great extent upon the dangers and destructive tendencies of the febrile conditions. They lectured and wrote learnedly

upon the best manner of controlling and combatting the fever attendant upon many diseases. We all become thoroughly educated in the use of antipyrine, acetanilid, cold baths and the other various methods of reducing temperature. We congratulated ourselves upon the fact that though we could not shorten a self-limited disease, we could at any rate keep the fever down and save the patient from the awful fate of being consumed by the excessive heat of his own flesh and blood. We felt confident that we could prevent the fatty degeneration of the heart, liver, kidneys, and other organs, as we considered such structural changes as the direct consequence of continued elevation of temperature.

This delusion however did not last very long. Just as every physician was beginning to feel that he was rendering his patient valuable service in reducing his fever, there came the startling announcement from the very best authors, that an elevation of temperature was a conservative process and one of nature's methods of overcoming disease. A great number of investigators demonstrated beyond doubt that high temperature in itself was not of such serious import as we had formerly imagined, but on the other hand was directly beneficial, in that it exerted a destructive influence upon the micro-organisms which gave rise to the disease. When this revelation was made, physicians who had obtained such brilliant results from the use of antipyretics found themselves in the position of a Georgia congressman when he propounded that noted query, "where am I at?"

Such kaleidoscopic changes and perpetual vacillations from one theory to another have a very demoralizing influence upon the medical profession in general. The agility with which some of our authorities turn a complete somersault in their views, is simply wonderful, and we are almost persuaded to believe that a certain expert witness was eminently correct when, upon being asked whether medicine was an art

or science, he replied that it was altogether an experiment and had no connection whatever with either science or art. The moral of all this is, physicians should have very flexible views, capable of great expansion and contraction, and of all manner of contortions. Woe be unto him who is ‘‘set in his ways,’’ for he shall surely fall by the wayside. With reference to this matter of treating fever, we should recollect that when poison is introduced into the human system that nature never initiates any process except one that is salutary in its effects. Another fact worthy of remembrance is, that nature oftentimes carries her curative and compensatory efforts to an excess. The compensatory hypertrophy that takes place in the various heart diseases is invariably more than the urgency of the case demands.

The cough that accompanies many pulmonary disorders and the diarrhœ attendant upon various intestinal and visceral derangements, are beneficial in their incipency, but if allowed to continue too long, become detrimental in their effects. So I imagine it is with fever. To a certain extent an elevation of temperature is beneficial, in that it is detrimental to bacterial life; in other words, it is a physiological process. But if allowed to continue indefinitely, or to reach too great a height, it becomes pathological in the strictest sense of the word.

It is quite a difficult question to decide, when fever passes from a physiological to a pathological condition. We are inclined to think that too much importance has been attached to the thermometer in determining this question. The body temperature, of course, is an assistance in arriving at a correct conclusion, but should be secondary in importance to the pulse and general condition of the patient. A temperature of 103 degrees often demands a reduction more imperatively than one of 105 degrees. No rule has done so much harm in our estimation, as the one to give an antipyretic when the temperature reaches a certain point. The practice of medi-

cine can not be placed upon a mathematical foundation, as some theorists would have us believe. The treatment of disease is more of an art than science, and he who recognizes this fact in the application of his remedies to the febrile condition will have no occasion to regret so doing. S.

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STATE CARE OF EPILEPTICS.—Just now some journals are giving considerable attention to a movement to get state aid for epileptics. These unfortunate cases, it is claimed, can be better taken care of and treated more skillfully when in care of the state than elsewhere. Just what their skillful treatment will be is not clearly outlined. At this writing, skillful treatment, with few exceptions, is either paliative or harmful. I suppose this state treatment will be to exhibit to each individual case a large number similarly effected, so that he will see how naughty it is to have a fit. By having an asylum for epileptics, the state will have an opportunity every two years to send back to the ranks a superintendent skilled as a specialist in diagnosing epileptic fits. He will be an authority in his section as to who should be sent to the asylum. Is it possible that the populists have disbanded and joined the ranks of the medical profession? Why not have state aid for syphilitics? Every subject is a menace to the public health, and in advanced stages truly are subjects of loathing and sympathy. Why not have the United States set apart one of our territories as an asylum for consumptives? They too are a menace to the public health and in advanced stages truly helpless. Why not pension every man who cannot make over \$40 a month? Indeed, I think the advocates of this scheme are not reckoning upon the common sense of the public. R.

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“WHERE ARE WE AT?” IN THERAPEUTICS.—To-day the whole medical world is kept constantly amazed by the brilliant

and unfaltering advance made all along the lines of surgery. Every surgeon is struggling to force ahead of his fellows, lead by ambition, love of science and sincere desire to relieve suffering humanity. Why is surgery so grandly in the ascendant while medicine falters, must we say medicine makes little or no advancement? Pathology and aetiology have made strides that rival if not surpass surgical achievements.

But when it comes to battling disease with drugs, there is no unity among the profession of to-day. Almost every physician is a law unto himself, that is, has his treatment for such and such diseases. The journals are full of letters from practitioners, telling of the way 'I' treat this and that disease. To illustrate, take typhoid fever: almost half of the hospitals treat this disease with the cold bath or wet pack, and if statistics are to be relied upon, this has proven to be the best of hospital treatment, but fully one half or more do not use this treatment at all, and when it comes to drugs, how numerous and varied are the treatments as every practitioner of experience knows.

There are a number of so-called abortive treatments, each and all radically different. And then there is the calomel, boracic acid, iodine, carbolic acid, bichloride, listerine, ol. gaultheria and others of the antiseptic variety, all recognized and each distinctive as a treatment. The ancient treatment of calomel in the incipient stages, followed by opium to 'lock,' 'splint' and put to rest the diseased bowel, still has its advocates, who assert that none of the antiseptic treatments, so-called, can show better results, and a more modern treatment of quinine and bismuth still retains its friends among the practitioners. This is but one example of the unsettled condition of therapeutics to-day, not to mention the skeptics as to the use of all drugs in typhoid fever and other diseases.

Before the days of antiseptics, drugs were administered in accordance with what was termed physiological indica-



tions, but since the discovery of "germs" in the presence of disease, many of us try to hit them with a killer, or a combination of killers, regardless of the physiological action of the drug upon the physical economy.

There is too much administration of the killers to-day, regardless of better or worse the patient, as the result of the administration. Not enough attention is paid to the immediate condition of the patient, which was the guide before the days of antiseptic medication. If many of the killers are given, care should be exercised that the toxic effects of the killers do not cause the death of the patient. If the killers are used, the most depressing ones should be avoided in weak patients.

The therapeutics of the young practitioner of medicine to-day are largely of the "rough on rats" kind, and he is sadly deficient as compared with the older practitioners in knowing the physiological action of his drugs on the human system.

Eleven years experience in the practice of medicine has taught us that for our own family use we prefer the young surgeon fresh from the hospitals, but when it comes to drug-ging our family, we prefer the "good old doctor" who has had much experience and whose drugs are given in accordance with his oft repeated expression of, "it won't do any harm if it don't do any good," and the practice that we would use in our own families is the practice we should give to others.

Along with this class of killers that are so extensively used, and the physiological action of which is so little understood, is the class of proprietary medicines, the formula of which, while a few are known, the many are not, is very extensively prescribed by practitioners. The prescriber of this class of drugs seldom knows the formula, and hence knows little or nothing of their physiological action; he takes for granted their advertised therapeutic action; the label on the bottle of most of those proprietary medicines contain the fol-

lowing: "Put up expressly for physicians' use," and then is recommended for this and that disease, seldom is mentioned this or that condition, and those who prescribe this class of medication do so with but very little more scientific intelligence than does the patient himself when he calls for a patent medicine from the druggist.

Amid so much prescribing of the proprietary class and the germ killing class at random, is it not time for the scientific, enquiring mind to call a halt and ask themselves, "where are we at?" If the therapist of to-day cannot show strides of advancement equaling those of surgery, pathology and aetiology, they should at least pause and survey the field, and perhaps they will go back and take up the study of the physiological action of their drugs where such men as Drs. Barthelow, H. C. Wood and Sidney Ringer have halted. Let us commence here for advancement and forever quit blindly following the "germ killers" and proprietary corporations into darkness so far that we do not know "where we are at."

B.

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## ABSTRACTS.

### Anal Fissure.

In an article (Charlotte Medical Journal) contributed by A. B. Cooke, A. M., M. D., Lecturer on diseases of the Rectum, ect., University Nashville, the author maintains that Anal Fissure stands pre-eminent as a pain producer, and that it is more quickly and more certainly amenable to treatment than any other rectal disease.

He states that ulcers occurring at the rectal outlet, though attributed to various causes, in the great majority of instances are the result of fissures, and represent their secondary chronic form.

He objects to the term "irritable ulcer," and prefers

the more distinctive title of Anal Fissure, defining it as comprehending all lesions of the anal orifice, of which pain on defeecation is a prominent feature. If the term ulcer is applied at all in this connection, he prefers to adopt Mathew's suggestion of "anal ulcer."

Under the head of "Etiology," the author recognizes other causes, but he observes that in the production of almost every disease of the rectum, constipation is the most important element.

There is much of value under "Etiology" and "Symptoms," that we have not space to notice.

Diagnosis.—Pain alone—its nature, intensity, and the time of its occurrence is often sufficient for diagnosis.

For physical examination Sims' semi-prone is the most convenient position. "On separating the nates, and drawing down the anal mucous membrane, the sentinel pile (when it exists) and distal end of the fissure will nearly always immediately come into view. If for any reason, simple inspection proves insufficient, introduction of the finger or speculum (preferably the latter) will be necessary."

The examination is usually done under an anæsthetic, having previously prepared for any operation that may be necessary. Adjacent organs are also examined. If polypi or hemorrhoids are found, they should be removed. The most insignificant lesions are not regarded too trivial to require attention.

Treatment.—The treatment consists in setting the facts at rest by thorough divulsion of the sphincters under anæsthesia. This is done by inserting the thumb or one or more fingers of both hands into the rectum, and steadily separating them until the sphincter is felt to give way, the operator giving plenty of time and care to avoid the danger of rupturing the muscle.

The only other operative treatment worthy of mention puts the parts at rest, by division of a portion of the fibers of the sphincter with a knife.

Boyer in 1818 practiced cutting entirely through the sphincter, sometimes in two places. The result of the operation is sometimes worse than the fissure. "Division of the superficial fibers of the sphincter in the base of the fissure,

which at present constitutes the operation, is equally as effective in most cases. ”

This operation has one advantage over the former, viz., it can be performed without general anæsthesia. By injecting a few drops of a four per cent. solution of cocaine just beneath the fissure, the incision will be rendered painless. “The divulsion method has the decided advantage of immediate relief of pain, and thoroughly done almost absolute certainty of cure. It also permits of thorough exploration and proper treatment of other pathological conditions, which may be either cause or effect of the fissure. ”

Various milder measures are sometimes used with more or less success, e. g., repeated applications of nitrate silver, pure carbolic acid, per sulph. iron or Gulard’s extract, etc. Nitrate of silver is probably the best agent of this class.

“The passage of bougies has been recommended and in children the simple introduction of the finger is occasionally the only treatment required. Indeed, to the surprise of all concerned, a single slight manipulation, even in adults, has been known to result in perfect cure. ”

Associate treatment with either method consists in frequent bathing of the parts with cold water, attention to diet, regulation of the bowels, the use of anodyne suppository when necessary, and attention to the general health. Ointments are condemned. When syphilis co-exists, he makes application of chronic acids to the fissure and resorts to specific medication.

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## FROM OTHER JOURNALS.

### The Origin of Hospitals.

A correspondent thus writes to the London Lancet:

“Lately in a local paper a discussion has been raised as to the date of the origin of hospitals, and correspondents have settled the point to their own satisfaction in more ways than one. As a matter of fact, the point is veiled in obscurity. It is doubtful whether before the Christian era there were hospitals such as existed after. The evidence in favor of the existence of establishments for the sick amongst the Greeks is

small, although Suidas mentions hospitals; but as the word itself does not appear until after the fourth century A. D., it does not add much weight to the contention that they were in vogue before Christianity, and it seems likely that the institutions before then, partook more of the nature of convalescent homes. The Romans had a valetudinarian for sick soldiers, and there is no room for doubt that the Romans possessed a medical staff, as evidenced by the monuments found in Britain. But, as a matter of fact, one of the first hospitals of which anything was really known was that founded by Gallus in Cæsarea, 370, 80 A. D., and about the same time one was built at Rome by Fabiola. The origin of hospitals as they are now is certainly monastic. As the monks were the pioneers and patrons of art and sciences, so they were in founding of institutions for the sick. Every monastery had its school. The first distinct record of a hospital in England is mentioned in the life of Lanfranc, Archbishop of Canterbury, who in 1080 founded one, a part of which was set apart for leprosy and the remainder for general diseases. The hospitals remained in the hands of the monks until the Reformation, when they went the way of the rest of the monastic establishments and passed for the most part into the hands of laymen, their revenues being taken away. It may be said that several of the existing London hospitals owe their foundation to the zeal of the monks, notably St. Bartholemew's and St. Thomas'.''  
—Daily Lancet.

#### A New Journal.

We find among our exchanges the second number of The Southwestern Medical and Surgical Reporter, published monthly at Ft. Worth, Texas. It is edited by Drs. T. J. Bell, of Tyler, F. G. Kirkscey, of Tyler, and E. D. Capps, of Ft. Worth. It is a continuation of "Hygeia," formerly published at Tyler by Drs. Bell and Kirkscey. We have carefully read the second number and we congratulate the editors upon their success in making it an up-to-date journal. The printer also has done his work well. We have only one fault to find with the Journal, and that is, its name is so much like ours. THE SOUTHWESTERN MEDICAL RECORD, is one month younger than the Southwestern Medical and Surgical Reporter, but we named our baby a long time before it was born. The RECORD extends the hand of fellowship to this excellent new journal, and wishes for it a grand success.



## SOCIETY PROCEEDINGS.

**Third Annual Meeting of the Texas Association of Railway Surgeons.**

The Association met Tuesday, Jan 21st, in the parlors of the New Hutchins House, Houston. It was in Houston in the same hotel, 27 years ago, that the State Medical Association was organized.

This Railway Association, though yet in its infancy, has a goodly number of members and is rapidly increasing. About 20 joined at this meeting. They are as intelligent looking body of men as could be found anywhere. In fact, it is a pleasure to meet gentlemen of such culture and refinement. Doctors are proverbially courteous, and these were no whit behind their fellows. Each member seemed bent on making this an epoch meeting and it seemed to be the consensus of all that they succeeded. The following is the program as carried out:

TUESDAY, JANUARY 21, 1896.

MORNING SESSION, 10 O'CLOCK.

Association called to order by Chairman Arrangement Committee.

Prayer, by Rev. Wm. Hayne Leavell.

Address of Welcome, Edwin B. Parker, Attorney G. H. & S. A. and T. & N. O. Railways.

Response, Dr. A. C. Scott, Chief Surgeon G. C. & S. F. Railways.

Roll Call.

Reading Minutes of Previous Meeting.

Treasurer's Report.

Report of Executive Committee on Credentials of Applicants for Membership.

Reports of Standing Committees; Miscellaneous and New Business.

AFTERNOON SESSION, 2 O'CLOCK.

1. "Locomotor Ataxia," with a clinical report of cases—Dr. C. A. Smith, Tyler, Chief Surgeon Cotton Belt Railway. To open discussion—Dr. J. W. Cox. Groesbeeck, Texas.

2. "Sprains Compared with Fractures"—Dr. C. W. Jones, Walnut Springs, Chief Surgeon Texas Central Railway. Read by Secretary, Dr. Jones being absent.

3. "Burns and Scalds"—Dr. W. H. Monday, Terrell, Company Surgeon Texas Midland Railway.

4. "Intestinal Anastomosis"—Dr. T. A. Pope, Company Surgeon G. C. & S. F. Railway.

5. "The Doctor and the Lawyer, their relation as servants of the Railroad,"—Dr. S. C. Red, Company Surgeon H. & T. C. Railway, Houston.

Volunteer Papers and Reports of Cases.

Adjournment.

#### NIGHT SESSION, 7:30 O'CLOCK.

President's Address—Dr. M. D. Knox, Hillsboro.

Demonstrations by Dr. A. C. Scott, Temple, "Torsion, its Practical Application," Operating rooms of Houston Infirmary.

Practical demonstration of the use of "Murphy Button," Dr. C. A. Smith, Tyler.

#### WEDNESDAY, JANUARY 22, 1896.

#### MORNING SESSION, 9 O'CLOCK.

1. Election of officers and designation of place of meeting for ensuing year.

Dr. J. R. Stuart, Houston, President.

Dr. J. S. Letcher, Dallas, 1st Vice President.

Dr. W. H. Monday, Terrell, 2nd Vice President.

Dr. Jameson, 3rd Vice President.

Dr. Clay Johnson, Corsicana, Secretary.

Dallas was selected as the place for next annual session in January, 1897.

2. Appointment of Standing Committees by the President.

3. Compound and Depressed Fractures of the Skull: report of cases—Dr. J. R. Stuart, Company Surgeon H. & T. C. Railway, Houston.

4. "Amputation"—Dr. J. S. Letcher, Dallas, Company Surgeon Gulf, Colorado & S. F. Railway.

## AFTERNOON SESSION.

5. Anæsthesia—Dr. J. C. Slack, Clayton, N. M.  
Read by Secretary.

6. Comfortable Suspension for the Application of Plaster Jackets—Dr. A. C. Scott, Chief Surgeon G. C. & S. F. Railway Co., Temple.

7. "Report of a case of Periostial Reproduction of Bone"—Dr. A. A. Bailey, Company Surgeon G. C. & F. Railway, Richmond.

8. The Railroader's Eye and Ear—Dr. Miller, Oculist H. & T. C. Railway, Sherman.

## NOTES OF THE ASSOCIATION.

This is strictly a young men's association. Oratory is not one of the features of a doctor's address.

Harmony was the password. No kickers allowed.

The handsome secretary, Dr. C. Johnson, has made himself so popular that he could not escape the honors of a re-election.

Dr. A. A. Bailey's face was too good a bond, so he will act as treasurer for another year.

Dr. T. A. Pope voiced a very general experience when he said, "Extemporaneous speaking makes one blind." The doctor, however, gave a most interesting account of a case of intestinal anastomosis.

Dr. C. A. Smith, a very scholarly and intelligent gentleman, wants to go on record as "operating in all cases of depressed fractures of the skull."

Dr. W. W. Lunn conferred a favor on the Association by relating a case of successful "skin grafting" with frog skin.

Dr. A. C. Scott exhibited a very ingenious and practical modification of Sayer's jury-mast. This is the doctor's own invention, and one of which he should justly be proud. The appliance transfers the weight from the inferior to the superior maxillary.

Dr. J. S. Letcher, the Chesterfield from Dallas, advocates the use of morphine sulph. gr. 1-4 and strychn. nit. gr. 1-12, 20 minutes before the administration of an anæsthetic.

Our long-time friend and classmate, Dr. H. L. Fountain, condemns the use of strong oleaginous mixture of carbolic acid for burns.

Dr. T. A. Pope, speaking from personal experience, advocates the use of carbolic acid, 50 per cent., for deep burns.

Dr. Van B. Thornton, the nestor of the Association, makes a telling speech when he wants a friend elected.

Dr. M. D. Knox, the Chesterfieldian, rival of Dr. Letcher, makes a good presiding officer. He rules with fairness and occasionally enlivens matters with a little pleasantry.

Dr. A. B. Gardner, evidently one of the leading M. D.'s of Bellville, is an ardent advocate of all railroads establishing an eye and ear inspection of their train men. The doctor is not a great talker, but what he says is to the point.

Much of the success of the convention was due to the untiring efforts and hospitality of Dr. J. R. Stuart, chairman of committee on arrangements.

The doctors all went away pleased. We are also pleased and hope they will come again.

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### HOSPITAL NOTES.

A hospital in this city that treats annually about five thousand patients received on Dec. 10th, 1895, their second case of fracture of the pelvis. This hospital has been in operation 13 years. One of the surgeons connected with the Houston Infirmary reports a case of fracture with unexpected happy results. The case was a negro suffering from fracture of the surgical neck of the femur. Just where in the neck the fracture was located he was unable to tell. The result, however, was union without deformity. He made use of a fracture bed, ordinary extension apparatus, and sodium silicate dressing. He used a spica bandage for both legs and continued bandage up to umbilicus. This dressing made the man from waist down practically a fixture.

Dr. E. S. Heisig, of this city, reports an anomaly in the therapeutic effect of apomorphia to dislodge a foreign body in the œsophagus, but to his surprise, instead of producing emesis, it produced sleep. Dr. J. R. Stuart has obtained excellent results from apomorphia in hysteria. (Experience has

taught the doctor that apomorphia is a dangerous drug in old alcoholics).

Other cities may do things on a grand scale, but when it comes to treating morphine cases, Houston tops them all. To Dr. G. W. Larendon, present city health officer, is due the credit of introducing the electric power house as a therapeutic agent in morphine poisoning. The editor recently had an experience he would like to relate:

J. C., aged 55 years, was found in rear of a livery stable in a state of profound coma from effects of morphine. He had taken the drug at 9 p. m. His respiration when discovered numbered once in every minute and a half. At 10 p. m. we took the man in the patrol wagon to the power house. There through the courtesy of the engineer, we passed 100 volts through his apparently lifeless body. In fact, the bystanders insisted he was dead. In a half hour this poor fellow was whooping and hallooing like a wild Comanche. It seemed like raising the dead. Dr. Larendon claims to have used 300 volts on some of his cases. This amount however he did not continue for any length of time.

At a session of the city council of the city of Houston, held on the 20th of January, the council accepted a block of ground for hospital purposes. A gift to the city by George H. Hermann.

At the last meeting of the Houston District Medical Association, a committee was appointed to agitate ambulance service for the city of Houston. The following composed the committee: Drs. J. M. Blair, O. L. Norsworthy and J. R. Stuart.

We are in receipt of the thirty-fourth annual report of the State Lunatic Asylum at Austin. It makes a fine showing. The subjoined report, "Table B," exhibits the magnitude of the work done at the mother institution.

TABLE "B."

Admissions and Discharges from beginning of Hospital.

	Male.	Female.	Total.
Admitted .....	2230	1371	3601
Discharged .....	1349	768	2114? EDS.
Died .....	463	318	781
Remaining October 31, 1895	368	283	551
(Lost, strayed or stolen—EDS.)			55)



## NEWS AND MISCELLANY.

Dr. R. W. Knox's home is at the Capitol Hotel while his residence is being repaired of the damage done by fire a few months since.

Dr. G. D. Parker has many friends in his canvass for city health officer. The doctor is a worker.

Dr. F. Geutebruck is reported very sick at his residence, 1704 Milam street.

Dr. Lawrence Ashton, one of the leading physicians of Dallas, was in the city the first of the month but failed to call on the SOUTHWESTERN.

Dr. J. R. Stuart and wife and Dr. S. C. Red and wife visited at Austin the first of the year.

Dr. R. H. Boxley, an old physician of Houston, died on January 17th, at his home in this city, at the age of 66 years. He was born in Virginia and settled in Houston in 1842.

Dr. C. A. Pennington, said to have been a physician of Paris, Texas, suicided in Houston, Monday, January 6th.

Dr. W. E. Drisdale, formerly of Flatonia, Texas, has located in Houston for the practice of medicine.

Dr. Henry Noark has conveniently located his residence at 1303 Prairie Avenue. The doctor is giving excellent satisfaction as county physician.

Drs. N. P. Dolen and C. S. Vance have moved their office from the Perry building to No. 1113 1-2 Congress Avenue.

Doctors, if after looking over this number of the SOUTHWESTERN MEDICAL RECORD, you think you would be benefited by its monthly visitations, we will be pleased to have you on our subscription list, only \$1.00 for a year.

Investigation shows that the water supply at Duluth, Minn., is responsible for the prevailing epidemic of typhoid fever in the city. Decaying animal and vegetable matter was found in the wells, which were so foul smelling that even the health officers were sickened.

The Central Texas Medical Association held a most successful meeting at Waco, January 14th. Dr. Jarrette D.

Law, of Salado, is the president of the Association. Fifteen papers on practical medicine and surgery were read and discussed at the meeting.

The World's Congress of Medico-Climatology will hold a National Convention in San Antonio, Texas, February 20th, 21st and 22nd, 1896. The profession generally are invited and requested to be present. A very interesting meeting is promised, and a most successful one expected. For any information address the corresponding secretary, W. S. Rowley, M. D., San Antonio, Texas.

The next regular meeting of the Houston District Medical Association will be held on February 10th. The physicians of the city who neglect to attend these meetings do themselves and the medical association an injustice; they are for mutual instruction, and cannot fail to be beneficial to all liberal minded and progressive men of the medical profession.

New Firm—Dr. O. G. Crawford, of Alum Creek, has bought out Dr. J. A. T. Page, Page, Texas, and associated himself with Dr. T. B. Taylor, in the general practice of their profession.

Died—Dr. E. E. Andrews, of Victoria, Texas, died January 22nd, at the age of 72.

Dr. Rosser, of Terrell, Superintendent of Terrell Insane Asylum, was in Houston, attending the meeting of the Railway Surgeons.

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#### Literary Note.

P. Blakiston, Son & Co., of Philadelphia, announces a book on "Appendicitis," by John B. Deaver, M. D., Assistant Professor of Applied Anatomy, University of Pennsylvania; Assistant Surgeon to the German Hospital, etc. The book will be arranged in a practical and systematic manner. The History, Etiology, Symptoms, Diagnosis, Operative Treatment, Prognosis, and complications of this disease will be given in the order named. It will contain about forty illustrations of methods of procedure in operating, and typical pathological conditions of the Appendix, the latter being printed in colors.

## POETRY.

## The Piles.

The Piles! Aha! I know them well,  
 Each feature, though I may not see 'em.  
 Old foes will fume and fret and swell,  
 And vex and plague my perineum.

You blush at mention of a pile,  
 And would, perhaps, the theme avoid,  
 Well, then, suppose, to put on style  
 We call the thing a hemorrhoid.

Tho' having an ill-omened name,  
 It seems as if they might not pain us.  
 When first as visitors they came  
 And took up lodging in the anus.

But now at each succeeding bout  
 The plagued pain appears distincter,  
 And there can be no longer doubt  
 Of their relations with the sphincter.

You ask me by what obvious sign  
 One may with certainty detect them.  
 Well, I can only say that mine  
 Are like a hornet in the rectum.

—Medical World.

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 Popular Extracts.

"An extract of muscle for rheumatic pains,  
 A gray-matter extract to nourish our brains,  
 An extract of teeth for a man that can't chew,  
 A maxillary extract to cure lock jaw.  
 An extract of ocean to cure mal-de-mer,  
 A hirsute extract for those without hair,  
 A duodenal extract to serve a good turn,  
 In healing the ulcers that follow a burn,  
 An extract made out of a whole population,  
 To rescue some housewife from sterilization."

## BOOK REVIEW.

"Who shall dispute what the reviewers say?  
 Their word's sufficient, and to ask a reason  
 In such a state as theirs is downright treason."

—CHURCHILL.

The INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX: A work of reference for Medical Practitioners. 1895. Thirteenth year. E. B. Treat, 5 Cooper Union, New York; 199 Clark street, Chicago. Price, \$2.75.

The Annual for 1895 gives a thorough and most concise statement of the progress in therapeutics and the practice of medicine made during the preceding year. As a reference book for the general practitioner, we can commend it in the highest terms. Being arranged alphabetically, and containing the latest views of the best authorities, it enables the physician to keep himself conversant with the yearly progress made in medicine at the least possible cost of time and money.

"THE ANTISEPTIC CLUB." By Dr. Albert Abrams. 1 vol. 206 pages; cloth; price \$1.75. E. B. Treat, publisher.

This work is the best satire on physicians published.

No book so wittily, humorously and caustically depicts the weakness and foibles of the doctor. Life insurance, medical testimonials, society testimonials, all receive the scathing sarcasm of the author. As an illustration, "Dr. Cerocobra-chialis read a paper on the following subject: Medical Examination for Life Insurance." In his paper he referred to the well recognized fact that life insurance companies were not circumspect enough in the employment of medical examiners. In fact, in the selection of the latter every requirement was regarded with the exception of one, and that was the ability of the examiner to make a medical examination. He deplored this state of things. It was criminal negligence on the part of the life insurance companies to conduct their business on such unbusiness like principle. "Is not the safety of the life insurance companies," said the speaker, "dependent upon the longevity of their patrons?" The farcical examination tolerated by even the best companies were a se-

rious menace to their permanence. He believed that it would redound to the benefit of the companies if they would establish post-graduate schools for the special education of physicians as life insurance examiners.

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### PUBLISHERS' NOTES.

Dr. A. W. Vidal, Fruit Hill, S. C., says, in regard to 'Pil Orientalis:' ' . . . and my patient has been benefited in every respect. . . . I tried Pil Orientalis in a case of dysmenorrhœa, with marked improvement at once.'

We call attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This house was established fifty years ago, and enjoys a wide spread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

'Hockerbrau' is an elegant preparation for convalescents and is also very useful in amylaceous dyspepsia.

**Trikresolidin.**—Registered—Prepared under the formula and supervision of Dr. F. Mortimer Reeves. The peculiar pathological conditions existing in Rhinitis, Atrophic and Hypertrophic, and Post-nasal Catarrh, require something more than the ordinary paliative measures resorted to, as a rule, to controvert them successfully. Reaction is positively necessary, and can only be secured by an agent producing a safe, non-erosive, osmotic effect, guarded by sedatives and antiseptics non-irritant themselves. This preparation possesses all these requisites. Literature sent on application. Prepared strictly for physicians' use. Meyer Bros. Drug Co., Sole agents United States and Canada, St. Louis and New York.



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## ORIGINAL COMMUNICATIONS.

### **\*Puerperal Eclampsia.**

BY S. C. RED, M. D., HOUSTON, TEXAS.

I make no claim to the possession of a "lion heart," and readily admit that I have been more than ordinarily upset by seeing a case of puerperal convulsions. The most trying time in my professional career has been at the bedside of a parturient in eclampsia. It all comes vividly back to me; the white blanched faces of the family and friends, their sobs and suppressed screams, the more timid hanging to my hands and neck; while the loved patient, the object of many cares and sympathies, rolls and tosses, a revolting mass of disfigured humanity. What to do and how to act in these exciting scenes, taxes the most capable.

A short while back, at an obstetrical case, the husband and I were sitting on the opposite sides of the bed, rendering what assistance we could. And during one of the pains the

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\*Read before the Houston District Medical Association, Jan. 25th 1896.

patient's eyes became suddenly crossed. When the pain left she complained of seeing indistinctly. When the next pain came, with a cry of "I am cramping to death," she went into a very violent convulsion. The convulsive movements beginning on the right side of the face, rapidly extended all over the body; the thumbs were fixed on the palms and the fingers on the thumbs. The paroxysm lasted about one minute. It seemed ages. All necessary means were used to prevent her injuring herself. She was chloroformed and ready to be delivered when the consulting physician arrived. The delivery was completed, without difficulty, in 20 minutes. Adding insult to injury, post-partum hemorrhage set in, causing of course a great loss of blood. When the patient awoke she had no return of the eclamptic attack. The convalescence was uneventful.

The foregoing is the usual course of a case of puerperal eclampsia. Indeed, when it is all over and one reflects, it is hard to tell wherein it differs from an ordinary case of "fits." In differential diagnosis, authors lay great stress upon elevation of temperature in the puerperal variety. This does not agree with my experience. Last summer I had a case of uræmic convulsions in a young miss of 18 years, where the temperature was very high. I am firmly convinced that if convulsions continue long and severe enough, an elevation of temperature will always take place. Three cases in my practice, of puerperal eclampsia did not have an elevation of temperature, hence I am forced to conclude that where it is present it is due to excessive muscular action, or the symptoms of some disease, such as sepsis.

So far I have had opportunity to make observation upon eight cases. They were not all in my practice however, for it does not occur oftener than once in about 375 to 400 cases. While eight cases are not many, they are yet sufficient to draw some conclusion with reference to cause and treatment.

Two of my cases died, making a mortality of 25 per cent. This corresponds with the observations of others, viz, from 25 to 30 per cent mortality. Both fatal cases were distinctly hydranæmic. They each passed small quantities of highly albuminous urine. The following is a history of one of them.

Mrs D., aged 19 years, primiparæ, 8 months advanced, was taken with convulsions at 7 a. m., June 8th. When I arrived two other physicians were there. They had been endeavoring to perform venesection, but with poor success. She was very puffy and doughy, as those cases are, and the hydraenemic condition of the tissue prevented the flow of blood. By widening the opening a more satisfactory flow was obtained, but without benefit to the patient.

Of all the agents tried, chloroform was the only one to give any relief. After she had remained in toxice convulsions for six hours we delivered the fœtus. This was not done, however, by Dr. Randall's method of digital dilatation of os uteri and version, for three of us faithfully tried it and failed. When the fœtus was delivered the patient regained consciousness and remained so for perhaps one-half hour; but then the convulsions returned with renewed vigor and continued for two days, or until her death.

The other case followed pretty much the same course, with the exception that she never regained consciousness. She was bled but the fœtus was not delivered.

These two cases would seem to indicate that acute nephritis was the cause of death, and likely so. One of my cases however had no albumen in the urine and yet had a distinctly eclamptic attack. Albumen does not necessarily foreshadow an eclamptic attack, for all who have had much experience in obstetrical work have had some albumenuric cases pass through the lying-in period without any trouble whatever. From this we are forced to conclude that more causes than one exist. The generally accepted theory of Holbertsma, that the convulsions are produced by the gravid uterus pressing on the ureter and thus setting up nephritis, remains yet to be proven.

Now I propose to offer, as a possible explanation of some of the attacks, the following: A pregnant woman, as we all know, is as impressionable as a little child. She may be made to laugh or cry at the most trivial things. She in fact, is all sensibility, sentiment and sympathy. Her hours are spent in constant dread of never getting over her expected lying-in. When the time comes and she is actually in pain, the long tedious hours of waiting and suffering doubly con-

vinces her that her worst fears are being realized. Is it any wonder then, that this excitement and exalted sensibility may not combine to produce a highly unstable reflex? Does it not agree with our generally accepted theory of convulsions, that a labor pain could set off this quivering reflex? Can we not readily assume that some of the characteristics of childhood are retained? All of my cases were primiparæ and under twenty. Others claims that four out of five are primiparæ and state no age. In other words, I wish to emphasize the fact that age seems to play an important part. Then, too, when they have once had a child the dread and anxiety is not so great. They having once passed through the ordeal and survived, think they can do so again. You have all known or heard of a primiparæ suffering from eclampsia and yet having normal labor as multipara. What could then be a more satisfactory explanation of such an occurrence then that it is dependent upon the same conditions that produce eclampsia in children. With children the causes of eclampsia are very naturally classified as symptomatic, reflex and toxic.

Assuming now that the above classifications will apply in the adult, the treatment will follow accordingly. If the trouble is symptomatic, or from elevation of temperature, we must abate the symptom. Where some perifferral irritation is the exciting cause, such as a full bladder or even the labor pain, relieve the cause and the expected result will follow. Where the cause is toxic, it is probably due to non-elimination of the constituents of the urine.

Granting then that the above is the usual cause of the toxie variety, diaphoretics and diuretics would be naturally indicated. In my hands muriate of pilocarpine and acetate of potash have given the best results.

For quick results pilocarpine is given hypodermically 1-10 gr. at a dose, repeated p. r. n. The acetate of potash is given as follows: an ounce of the salt to a half gallon of water and a glass of this given occasionally. The patient is kept warm, quiet, and placed on a milk diet.

To illustrate: Mrs P., aged 17 at term, primiparæ. Two weeks before her lying-in it was necessary to puncture the labia in several places, so as to relieve the pain coming on as a result of serous distension. She was intensely hydranæ-

mic. Her urine contained a considerable percent. of albumen. Convulsions came on when she was nearly through with second stage of labor. She continued in convulsions until delivered. She progressed finely under the above outlined treatment, but died the following week of pneumonia.

According to my experience the fatal cases are hydranæmic, consequently bleeding would not be indicated. In fact, I have never seen a case where I thought it desirable. Veratrum veredi has been highly lauded by some authors. In symptomatic cases it might be useful, but even then I think pilocarpine would be better.

To quiet restlessness, nothing in my hands has acted so well as morphine sulph.

If something has been said that will stimulate others to give a better solution of these intricate problems, I will consider that this brief paper has filled its mission.

In discussion, Dr. J. A. Mullen said: From an ophthalmological standpoint, the only item of interest is the recognition and utilization of the premonitory ocular symptoms in diagnosing puerperal eclampsia and the application of the same, possibly leading to the mitigation of the symptoms or an abortion of the attack. In a large portion of the cases the prodromal symptoms are present, such as intense frontal headache, sudden in onset, passing attacks of dizziness, specks before the eyes and partial or complete loss of vision, with twitching of the eye muscles. These symptoms taken in connection with a urinary analysis, revealing the presence of albumen cast and a decrease in the solids of the urine, would quite generally render an accurate diagnosis certain, and lead to necessary prophylactic or abortive measures.

The fundus would show the same state of affairs as found in active congestion of the ocular tunics.

The examination of the fundus or the consideration of any symptoms of disturbed function of the eye, would of course be of no value whatever during the attack or after the seizures and would for diagnostic purposes be superfluous.

In discussion, Dr. F. B. King said: I desire personally to endorse Dr. Red's paper, more especially his classification of puerperal eclampsia into symptomatic and toxic.



I would like to amend this division, however, so as symptomatic shall apply to those cases where hydræmia and albumen are absent, and antipartum in character. Toxic eclampsia, in those cases where albumen and hydræmia are prominent features, and eclampsia usually developing post-partum, as I understand his divisions, are based upon these etiological factors. In the first class, or symptomatic types, I am decidedly of the opinion that the peripheral irritation of the tropic nerves, coupled with an unstable nervous system, is largely responsible for cases of antipartum-eclampsia. These cases are the ones that we control with a great deal of certainty, while the second class that we have described as toxic condition of the system, evident by albumenuric and hydræmia, are a very grave class of cases to contend with. These are the cases we most dread. The toxic variety, in my opinion, would be most liable to be followed by a temperature, though my experience leads me to believe that a temperature is conspicuously absent. I recall to mind a case whose convulsions numbered 235 without developing an elevation of temperature. As to treatment: In the symptomatic type, morphia hypodermatically in large doses, heavily if you please. In the toxic variety, *mur. pilocarpine* and eliminative drugs are more especially indicated.

Dr. R. T. Morris—Mr. President and gentlemen: I am especially interested in the subject of puerperal eclampsia, and have listened with pleasure to the paper.

Some time ago while an interne in Charity Hospital, in New Orleans, I collected reports of nineteen cases, three of which were under my observation. A brief review of these cases may not be amiss. Fifteen of the nineteen occurred, in primiparæ. The mortality of the seven cases occurring previous to labor was: maternal 14 per cent; infantile 85 per cent; of the six cases commencing during and continuing after labor: maternal, 50 per cent; infantile 80 per cent; of the six post-partum: maternal 16 2-3 per cent; infantile 33 per cent; total mortality: mother, 26 per cent; child, 62 per cent.

In addition I tabulated five cases, each of which contained over 20 per cent; of albumen and hyaline, or granular casts, without at any time the least symptoms of an impending attack.

As to the aetiology of the disease, I must confess my ignorance. When Lever and Braun first noticed the presence of albumen and sometimes casts in the urine of pregnant and eclamptic women, it was thought that the mystery was cleared up, and the nephritic origin of puerperal was generally accepted; but further observation showed that all eclamptic patients did not have albumen in their urine and that all pregnant albumenurics did not have eclampsia.

The hydranæmic condition of the blood in all probabilities bears an ætiological relationship to the disease. The pressure and irritation of child in utero has a causative influence, or one-third of the cases would not cease after delivery of the women, spontaneous or otherwise.

Dr. Red's theory is very plausible and will apply satisfactorily to some cases, but to these post-partums, where the woman has been safely delivered and all anxiety has ceased, as in Bailly's case, which occurred twenty-nine days after delivery, the theory will not so readily apply.

The treatment may be divided into three classes: 1. obstetrical interference; 2. sedatives, and 3. eliminants.

Rapid delivery, morphine, and pilocarpine is the tripod upon which I base my treatment, and which I believe gives the most satisfactory results.

Dr. Red, in closing the discussion, stated: That there seemed to be some misapprehension as to the scope of his paper. It was not intended to be an exhaustive treatise on the subject, but chiefly written to elicit opinions as to ætiology and treatment. He claimed that eclampsia in the parturient should not be viewed as a peculiar affection. Like all others similarly affected, it should be classified as reflex, symptomatic and toxic. The treatment discussed by him was applicable to the toxic variety. The exaggerated frequency in the parturient, he has endeavored to show, was due partly to age and mental condition. He objected to emptying the womb in all cases, since in the early months of pregnancy they sometimes recover without such means. Of course, this line of treatment as given by him did not preclude the use of strychnine or any other agent indicated for relief of a particular symptom, such as heart failure. Since writing the paper the doctor had seen in consultation, a ninth case. This

case was of toxic variety and responded to treatment, thus reducing mortality below twenty-five per cent.

Dr. N. J. Phenix said: He thought that puerperal eclampsia was due to retention of the excrementitious element in the urine; that while albumenuria was a common forerunner of the disease, there might be serious impairment of the urinary functions without albumenuria. As a prophylactic measure he advised the administration of digitalis, acetate of potash, and other diuretics in all cases where there was œdema of the extremities in the latter week of gestation, whether there was albumenuria or not. In connection with other remedies mentioned in the treatment, chloral hydrate and the bromides should not be forgotten. He reported three mild cases apparently relieved by five grain doses of phenacetine, which he had given to relieve the attendant headache.

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#### \*Orchitis.

BY DR. H. C. BLACK, WACO, TEXAS.

Mr. President and Gentlemen: I could have wished our president had appointed an abler writer to present this subject to your body.

The subject is an important one and is especially so regarded by the man who is suffering from this malady.

I will not attempt to enlarge on this subject, but confine my remarks in this paper to acute orchitis—the causes and treatment, as it has come under my observation—trusting only to call out a discussion from the gentlemen present that will prove instructive to us all.

Orchitis, inflammation of the testicles,

1. May result from direct violence,
2. From an extension from an epididimitis,

3. Rheumatism; or from metastasis as a result of mumps, and only recently a patient whom I now have in the city hospital developed an orchitis that is similar in all respects to the swollen testicles that are so often the concomitant of mumps. But the strange part of this case is, the patient has no symptoms of mumps, but is now suffering or rather con-

valescening from an attack of la grippe. He has no gonorrhœa nor has he had it. This man is now about seventy years of age and fairly active for his age. The case is unique to me, as I have never heard of swollen testicles as a result of la grippe before.

In an epidemic of mumps which occurred in Waco about two years since I saw probably one dozen cases, and nearly every case had as an accompaniment, swollen testicles, and in some they proved exceedingly painful for a few days, but yielded to simple treatment and with a total subsidence of all swelling and pain.

A singular feature of the disease in this epidemic was that in at least half the cases I saw it was the sub-maxillary glands which became swollen and painful and not the parotid glands. Metastasis from mumps may give rise to a very acute orchitis.

The pain in acute orchitis is dull and nauseating and radiates toward the groin, hips and loins, and is very much lessened by offering support to the testicles.

Some authors claim that orchitis is more frequently caused by traumatism than from an epididimitis, I have seen a number of cases that were the result of gonorrhœa and mumps but have not seen a case that was caused by traumatism.

When acutely inflamed the testicle sometimes swells rapidly but retains its normal oval form. Acute hydrocele is not so common an accompaniment as in cases of epididimitis. The exudate which during the acute stage occupies the connective tissue spaces between the seminiferous tubes, may break down, and suppuration ensue in persons already in poor health and with feeble resistant powers, but suppuration is not common.

While the testicle may sometimes swell rapidly from an acute orchitis, the swelling is usually somewhat slow, owing to the resistance of the tunica albuginea. The skin over the organ is tense and red and sometimes œdematous, especially when an epididimitis precedes the inflammatory process in the testicle.

In the treatment of acute orchitis ordinarily rest in bed for a few days is all that is required for mild cases.

Support or elevating the testicles is necessary in all cases,

and neglect of this precaution has many times transformed what would have been a very mild orchitis into one of very considerable gravity.

Hot applications are gratefully borne by some patients, but cold in the form of ice bags to support the testicle is more agreeable to the vast majority of patients.

Laxatives and even saline cathartics are useful. Febrifuges and quinine will often be found useful, for there is oftentimes considerable constitutional disturbance. Morphine hypodermically is often necessary to relieve pain. Aconite and the bromides can often be used to advantage.

Puncture of the tunica vaginalis and incisions into the tunica albuginea may be necessary, but I have not found them necessary.

If the orchitis is of rheumatic or gouty variety, the salicylates and iodide of potash and kindred remedies will suggest themselves.

In discussion, Dr. Graves said: I am like the doctor, in that my experience is somewhat limited in orchitis. The forms of orchitis we are called to treat, in most cases come from mumps, traumatism or gonorrhœa. Some varieties are serious and go on to gangrene. The pain is very intense and may cause much swelling. If the pain ceases suddenly it is a serious condition and usually is indicative of gangrene.

As to treatment in the ordinary cases, put the patient to bed on his back, use epsom salts freely, elevate the scrotum and anoint it with an ointment of belladonna stramonium and opium, or put on a hot poultice made from fine cut tobacco. It lessens the blood pressure and gives much relief. Morphine or codeine may have to be used. I have seen recommended carbolic acid or a strong solution of silver nitrate, but I have never used them. I think they are too severe.

As to incisions, if there be much tension in the tunica albuginea, take a sharp bistoury and puncture and let it bleed freely. As to ice water for local applications. very few people will stand it: they prefer heat. If there be a rheumatic or a gouty diathesis, the orchitis may be much worse. The alkalis may be used then.

Dr. Curtis said: I see no reason why metastasis takes place following mumps. The orchitis following is easier treat-



ed than that following gonorrhœa. A bad case of orchitis is a bad thing, especially that in connection with gonorrhœa; it may never get well. I believe in the puncture of the testicle. Take it firm in hand and with a sharp bistoury make about six punctures about over the surface, say from 1-8 to 1-4 inches deep, still holding the testicle tightly till all bleeding has stopped, then most thoroughly wash and dress antiseptically, in bichloride gauze and use pressure. I have used silver nitrate; it is severe and I don't think it did much good; I don't think the counter irritation it causes is sufficient. If the case be chronic, I use polk root.

Dr. Howard said: My experience is not so favorable as Dr. Graves. I have used silver nitrate and found it good in some cases; also used tobacco poultices with good results. I always use polk root and have used collodian, which gives quick relief, but it is so painful when first applied; then the misfortune is, that it soon breaks and has to be applied again. I never saw a case of orchitis from mumps. Adhesive strips give good results, but I usually have to give morphine. I have never tried the puncture treatment.

Dr. Pipkin said: I heard a physician say that he could abort a case of orchitis by injecting morphia and atrophine deep into the testicle. I have never tried it. I usually use lead water and laudanum and give calomel.

Dr. King said: I have seen many cases of orchitis and following mumps too. It is a very painful thing, but rest in bed and support of the organ, purgation and antipyretis usually give quick relief. I usually apply olive oil one gr. opium in equal parts. Orchitis following gonorrhœa is much worse and harder to treat than that following mumps, but the ichthyol applied locally gives marked relief. In the chronic cases I give polk root and potass. iodide.

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Jones asked his wife, 'Why is a husband like dough?'

He expected she would give it up, and was going to tell her it was "because a woman needs him," but she said it was because he was hard to get off her hands.

### Leaders in Medicine.

How do our so-called "leaders in medicine" become leaders? Is it through the agency of scientific possessions, or is it the result of cutely conceived and diplomatically executed business methods?

We have no quarrel with our "leaders," but we do love honesty and hate sham, and we are compelled to see (because we are not blind) that very many of the "big guns" in medicine are, to use a slang phrase, big "fakes."

In times gone by the patient sought the physician; now the physician seeks the patient, and to such an extent has this become true that we are almost justified in the assertion that medicine is no longer a profession, having degenerated to the business level.

The fact that a certain physician has a large practice and is highly esteemed by the laity is not proof of his superior attributes: it demonstrates merely that he possesses the business ability to make people believe that he is specially qualified. The fact that a man has not much practice does not, by any means, argue that he is not both scientifically and practically capable, but it does prove either that he is not a good business man, or that he will not stoop to business methods to advance his professional interests. The ideal physician is not found among the "leaders," he must be looked for in the membership of the modest, retiring "rank and file;" he does not push himself into prominence, but his intrinsic merits are recognized and appreciated by those who know him.

—Daily Lancet.

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### A Father's Letters.

No. 1.—"My dear Son:—I am so glad to learn that you are starting in your noble profession with the idea that there is something higher and grander than the simple procuring of a livelihood. I am glad that you appreciate the opportunity which opens before you for doing good, without thought of the sordid gold which so often defiles those who handle it. Let this be your motto: "He went about doing good."

No. 2. (one year later).—"My dear Son:—You cannot expect me to give you a thorough education and then supply you with means afterwards. You should now be able to earn your living, it seems to me. Have you tried hard to collect some of your bills? I will not see you suffer, you know, but do not let the people get the idea that you are to do their work for nothing. Enclosed you will find a portion of what you request. "The laborer is worthy of his hire." "

# Southwestern MEDICAL RECORD.

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All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

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## EDITORIAL DEPARTMENT.

### THE CODE.

In 1847 the American Medical Association adopted the Code of Ethics. Since that time various attempts have been made to revise or even abolish it, but the Code has stood the test, and to-day it is regarded as an embodiment of a system of laws founded upon truth, honesty and justice.

Sundry objections have been urged against the Code, usually by those who have violated its teachings. These objections vary according to the special points in which the objectors have failed to comply with its requirements.

When a standard of ethics or morals has been established it is very common for those who fall short of its requirements,

to justify their failures by attempting to degrade the standard to their own level.

That the various parts of this system of medical ethics are often violated even by those who profess allegiance to the Code, no one will deny. We need not be surprised that it is so often violated, since so little attention is given to it in our medical schools. Many of our best physicians, after attending the prescribed course of instructions, assert that they never heard a lecture on medical ethics. Less than one in twenty own a copy of the Code, and only about one in ten have read it. It is violated more through ignorance than from any other cause.

Many appear to be sticklers for medical ethics, but they want it observed by the "other fellow" while they themselves take liberties that no other man would dare to take.

We often hear men boasting of their allegiance to the Code, when we know them to be constantly violating its spirit.

The Daily Lancet says: "The man who is always prating of his adherence to the 'Code of Ethics' is the man with whom you do not want to leave your practice when called from home, lest he, insinuatingly, robs you of your patients.

"There is one peculiarity of human nature that can generally be relied upon, namely, when a man claims for himself the possession of any special attribute you can generally conclude that he does not possess it. There seems to be in humanity a sort of instinctive appreciation of its own defects, which induces it to publicly proclaim as possessions, that which it instinctively recognizes as wanting.

"The truly wise man never boasts of his learning; the tyro claims to be an encyclopedia. The truly brave man never boasts of his courage; the coward continually talks of his bravery. The truly honest man never parades his honesty; the man who is honest only in the letter, and not in the spirit, never misses an opportunity to prate of his honesty. The

truly honest man does not require 'a Code,' and the man who is not honest in spirit, will not be made so by any code or any number of codes.''

We might just as reasonably say that the man who is not a Christian in spirit, will not be made so by any Bible or any number of Bibles, or that the man who is a thief in spirit, will not be restrained from stealing by any number of prohibitory laws. The fact that the law is often violated does not disprove the justice or necessity of its existence.

We agree with the Lancet, that a physician should not be always 'prating of his adherence to the Code of ethics,' but let him comply with its teachings, both in letter and spirit, and he will not be accused of violating it.

In the absence of established rules for our government each individual is left to make his own rules, and no matter how crooked or unjust are his ways, no one can charge that his motives are impure. The unscrupulous could carry on a regular system of infringement, self-advertising, giving testimonials to patent medicines, promising impossible cures, dispensing and patenting secret nostrums, maligning the regular profession, and in many other ways 'trespassing upon the rights of their professional brethren, and still claim to be honorable physicians while those aggrieved would have no standard of appeal by which to prove the contrary.

The spirit and the fundamental essence of the Code is, 'Do unto others as you would have them do unto you.' This alone has been deemed by many as fully sufficient. But we are too apt to refer to ourselves as the standard by which to judge others. We need a written standard that will clearly designate just what is right and wrong. What has ever done this more perfectly than the American Code of Medical Ethics. Those who criticise it most bitterly as a rule have not studied it properly or else they have failed to come up to its standard.

The principles taught in the Code have always been right



and they are as enduring as the ages of eternity. No changes are necessary; let us retain it just as it is, without any mutilation.

We will now call attention to some of the points in the Code that are frequently violated.

1. Advertising: Many honest physicians do not seem to realize that it is unprofessional to allow their cases to be reported in newspapers, and some even keep the editor informed that he may report the severe illness of Mrs. A. and the fractured arm of Mr. B., both recovering under the efficient treatment of Dr. C. If Dr. C's name thus used appears the second time in the same paper, it is positive proof that he has not informed the editor that such advertising is improper.

It is also unprofessional to put where you graduated, or how long you have practiced, or that you give special attention to diseases of women and children, or to call attention to your ability to treat catarrh, asthma, piles, etc., or to offer free consultation to the poor, or any similar inscription on your cards, sign or in the newspapers.

2. Consultations should be strictly private. No one should be present except the physicians engaged in it, and the private opinion of either consultant should not be divulged afterwards. Each consultant should share equally with the other in the success or failure of the treatment.

The consultation is for the future good of the patient, and not to criticise the past; but if the attending physician is suffering unmerited odium for his previous management of the case, every principle of honor and justice should impel the consultant to defend him. No changes of treatment should be made unless plainly indicated.

The attending physician should write all prescriptions, give instructions and take the lead in all matters pertaining to treatment, unless he prefers to invite the consultant to perform a part, or all of these duties.

It is mean and cowardly to take advantage of the opportunity offered in consultation to ingratiate yourself with the patient or his friends, by belittling the work of your brother practitioner. Remember you were not called to displace your brother, but to assist him.

3. A physician should not take charge of a patient who has recently been under the care of another member of the profession, in the same illness, except in cases of emergency, or in consultation, unless the attending physician has relinquished the case or been regularly discharged. When called to a patient formerly treated by another physician, it is unjust and illiberal to criticise his management of the case. It is your duty to deal to the best of your ability with the patient as you find him, and not to be over-solicitous about his former management. If called in case of emergency, or in the absence of the regular attendant, the care of the patient should be resigned to the former upon his return.

4. It is reprehensible for one physician to speak disparagingly of another to the laity, or to make inquiries, or criticisms concerning the treatment of another man's patient.

There are other points in the Code that are violated, but these are the most common. It may be urged that this restriction upon the reputable members of the profession, gives undue advantage to the dishonest quacks and charlatans; but merit and honesty will be recognized and appreciated by intelligent people. Trickery and unethical conduct may win for a season, but even the most ignorant of the laity will finally discover the dishonest purpose and seek the man who evincés in his every day practice those noble principles set forth in the American Code of Medical Ethics. P.

#### ABORTION.

While the state has on its statutes certain laws to control the spread of some of the contagious diseases and thereby legislate for the public good, and while thousands upon thous-

ands of dollars are annually expended for the improvement of the sanitary and hygienic condition of the country, there are certain evils that are beyond the reach of judicial control, whose mortality is greater than most of the contagious diseases and whose moral effect upon the community is horrible to contemplate, and for the suppression of these evils not a cent is expended—the greatest of all is the indiscriminate induction of abortion.

According to a “Report of a Special Committee on Criminal Abortion,” there are not less than one hundred thousand induced abortions annually in the United States, and the number of women who die from its immediate effect are about six thousand. Estimating the population of the United States at 70,000,000, and the mortality at 12 per 1000, we have 840,000 deaths per year from all causes. Now, by comparison we will notice that the number of abortions annually are fully one-eighth the number of deaths from all causes. It has been calculated that phthisis claims 8 per cent. of all deaths, or 67,200 yearly, or somewhat over one half the number of induced abortions. While these figures are only approximate, they indicate the enormity of the crime.

It is true that there are laws to prevent it, but to what avail? There is only one case out of thousands that is brought to the attention of the public. It is a secret sin and the associators in the crime are bound by the strongest ties—self protection—and it is only known to the physician when the woman's life is in jeopardy from hemorrhage or septicæmia.

It is clearly a violation of the sixth commandment. “Thou shall do no murder,” and women with the utmost sang froid ask physicians to become their partners in crime, to murder the babe unborn. It is the coolness, the utter absence of conscience when they make their request, that is so appalling. No more feeling or anxiety shown than if they were asking for a prescription for a cold or toothache—that

is among married women, and there is no extenuating circumstance in their favor.

Moral persuasion and a realization of their danger are the only restraining influences, and as so many commit the deed, or have it done, and no apparent harm results, each imagines she will be as lucky as her depraved sister.

If every woman would realize that the sin is as great in the eyes of Him who endowed her with gestation, as the throttling of the babe in the cradle, she might hesitate before committing the fearful deed, before staining her soul by the crime of premeditated and deliberated murder.

Where you would expect the most morality—among the most civilized and intelligent, there this Moloch thrives most luxuriantly. The society woman is too busy receiving the adulation of her sycophants to undergo the privation and seclusion of the lying-in period, and the literary lady is so occupied with the improvement of her mind, that she really cannot spare time to perform the functions incident to gestation and parturition.

If there is any extenuating circumstances in connection with this horrible custom, it is in favor of the unmarried woman, whose credulity is played upon by some lying beast, and whose life is marred by trusts betrayed; but the married have no disgrace to bear, and their only excuse is, too much trouble, too much pain, or too many mouths to feed.

There is no greater temptation put in a physician's way than the one to induce abortion or connive at the deed. From his debut into medicine until he lays aside his scalpel and prescription book, his pity is excited by the tale of wrongs committed, of trusts betrayed; and his cupidity is fired by the money offered him to barter his honor and prostitute his profession.

M.

PROF. ROENTGEN, a physician of Wurtzburg University, it is said, has discovered a new property of induced electricity. This electricity, when passed through a Crook's, or vacuum tube, produces ether wave, capable of penetrating organic substances, with the exception of bone tissue. Assuming this to be so, then photographs may be made of the living skeleton and consequently fractures detected. All metallic substances lodged in the tissues may be located with equal certainty, for they, too, are impervious to this light. The probabilities are, like in "Koch's Lymph," the newspapers have overstepped the claims of the discoverer.

Even claiming the statements to be true, their practical application is of doubtful utility, for fractures are not ordinarily difficult to locate; and if so, their treatment would not be changed.

Foreign bodies, such as bullets, even if located by this light, are still in the tissues, and all old army surgeons know what that means. It is to be sincerely hoped that future experiments will verify the published statements, for it will be of considerable scientific interest and may lead to practical results.

R.

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HOUSTON has about 125 physicians, all told, and every week brings additional numbers. It would be false to say that none get away; but that they come pompously and steal away quietly, all observe. This does not come as an "ad" for more, nor as a warning to the determined meritorious man. The Record welcomes and offers the hand of fellowship to all. "Out upon the intellectual sea there is room for every sail, and in the intellectual air there is space for every wing." The iron law of the "survival of the fittest" is in force in Houston as elsewhere. The Record will ever endeavor to point to, and proffers its help to all the worthy strivers, to reach that



"room at the top," the only place where vacant chairs are now to be found in the medical profession. You cannot get a pint vessel to contain more than a pint of water. What is added to this will be overflow, and this is true of the practice of medicine. Only the requisite number of physicians are needed in a place, all additional will be overflow, so to speak, and those who are striving to get a chair in that "room at the top" are not, as a rule, found among the overflow, but are men who can and will have a practice wherever they are located. They do not hunt a place to practice, but locate where they wish to live, and practice their profession. B.

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## OTHER JOURNALS.

### Antitoxin Notes.

We note that cases of antitoxin success proceed almost entirely from city officials, to whom notoriety has become as the breath of life.

Dr. Bertin, of Nantes, announces that non-immunized horse serum is identical with antitoxin and produces the same effects.

An esteemed contemporary says: "Let it be remembered that it has been very clearly demonstrated that there is something in animal therapy." There is, we admit it, and that something is carbolic acid or other antiseptic.

No therapeutic theory is scientific which cannot survive the final test of all medical discoveries, i. e., which fails to lessen human suffering. Tried in this balance antitoxin and its congeners have been found sadly wanting.

Horses used for the attenuation of diphtheritic toxins, that is for preparing antitoxin—are first tested with mallein and tuberculin. In this way, the patient has quite a range of diseases to select from. He may be infected with glanders, with tuberculosis, with diphtheria or just have plain, common, every day septicemia.

All animal extracts of whatever kind or name are of no

value. Whatever power they may possess to reduce temperature, etc., is due absolutely and entirely to the drug antiseptics they contain. Then why not use antiseptics alone? Look at the difference in price and think.

If the money appropriated to propagate this antitoxin fraud were paid out to the unemployed poor to keep streets, alleys and sewers clean, and abate nuisances, the improved sanitary condition and reinvestment of these funds in living comforts by the poor, would do more to check a diphtheria outbreak than tons of impure blood serum.

If by tapping an old horse that has been filled with diphtheria bacilli, doctors can get a cure for the disease, why shouldn't they tap an old Kentucky Colonel and get a toxin that would knock the gold cure out of sight?

Dr. Illingworth, of England, entertains the following wholesome views: "The tuberculin and antitoxin crazes were of German and French origin. One has utterly failed, and the other is failing; firstly, because the toxin and antitoxin are complete myths, on the confession of their originators; secondly, because the results are distinctly unfavorable; and thirdly, because the cultivation and injection of animal extracts is entirely repellant to the medical mind of the day, savoring too much of the loathsome prescriptions of medicine men in earlier centuries."—*Times and Reg.*

"Since the injection of serum into rabbits produces a cloudy swelling of the kidneys, or an acute nephritis, if all of those persons having virulent diphtheria bacilli in their fauces were treated with antitoxin, many would be injured for an uncertain benefit to a very few. After the disease has made such progress that it can be diagnosed, the toxin has produced such an effect upon the organism that, judging from the experiments of Behring, Biggs, Parks, and others, little benefit is to be expected from antitoxin. And since observing the results of experiments just reported on rabbits, it is highly probable that, instead of reducing the mortality of diphtheria, antitoxin has really increased the death rate."—*Sanitary Era.*

It has been shown in many instances, especially in the Willard Parker Hospital for children, in New York, that the

mortality from this antitoxin treatment which a year ago promised such favorable results, is now alarmingly high. Not only are paralysis, acute nephritis, convulsions, fatal congestions of the abdominal viscera and other alarming conditions produced as a result of the treatment, but various septic states follow as remote effects. In some cases the results are very like those arising from an overwhelming of the system by the poison of diphtheria, while in other cases they seem very like those belonging to the systemic effects of carbolic acid, and in still others, especially those of the septic variety, the results seem to belong to the introduction into the human system of the effete products of the blood.

On the whole, it can not well be held that sero-therapy, as exemplified by the diphtheria antitoxin, is likely to sustain the place in therapeutics that was assigned it a year or more ago.—*Med. Centnry.*

It would seem that, with the exception of thyroid extract, the various animal extracts offered to the profession are valueless. Dr. Frederick Coggeshall emphatically states this to be his experience in the *Boston Medical and Surgical Journal*, January 16, and, in the discussion which followed the reading of his paper, before the Suffolk District Medical Society. Dr. Knapp said:

"Some two or three years ago when Dr. Dana, of New York, read a paper before the Medico-Psychological Society, he reported an interesting case of bulbar paralysis apparently cured by injections of gray matter. It was skeptical even after that case had been reported, but I was led to try Parke, Davis & Co.'s cerebrin in two or three cases, and soon after I happened to have come under my care one or two cases of serious disease of the brain or cord which had been treated by the most approved methods of the injections of the animal extracts with absolutely no results. I think the whole subject was fairly well summed up in a paper read last year by Dr. Meltzer before the Association of American Physicians, in which he pointed out most conclusively that while the use of the thyroid extract in the treatment of myxedema was absolutely scientific, being based upon most careful preliminary scientific work, that the use of the other extracts was purely

empirical, and a reversion to old superstitions. I, myself, do not believe in the least in the use of the animal extracts, excepting the thyroid ;and in the little experience I have had I have obtained no good results.”—Daily Lancet.

Our distinguished contemporary, the Journal of the American Medical Association, reviews editorially the position of the eminent London laryngologist, Lennox Brown. The latter states that after the use of serum therapy “A greater number of children have been found liable to attacks of cyanosis and fainting, with a correspondingly increased demand for nervines and stimulants. Complete recovery is found to be greatly delayed, and an unexpected fatal result at a late period is more frequent.” He calls attention to the increased liability to the most grave complications of diphtheria, viz., anuria, nephritis and cardiac failure. He also alludes to cases in which immunizing serum had produced noxious and even fatal results.

In view of these facts, the Jour. A. M. A. cautions the practitioner to give antitoxin a wide berth, and not make the profession ridiculous by too much haste in accepting “every continental fad that is forced upon us.” We are glad to see our esteemed contemporary thus range itself upon the side of genuine medical science, and join right heartily in the good advice so felicitously worded.

The really scientific, eminent, conservative men in the profession who love truth for its own sake, and are capable of judicial investigation and an unbiased verdict, are beginning to send in reports on antitoxin. One and all condemn it, and demonstrate conclusively that its use has really increased the mortality of diphtheria. As instances, we cite the two able and impartial papers on the subject, read before the New York Academy of Medicine by Doctors William Henry Porter and William Vissman, lecturer on Pathology and Clinical Microscopy at the New York Polyclinic.

This stand is in accordance with the eternal verities of the universe. No amount of bolstering up will continuously uphold a remedy which has no intrinsic virtue. It is easy to understand that bacteriologists, whose career rests upon a very precarious, rotten foundation, and medical men who de-

pend upon sensationalism rather than genuine merit and ability to float them upon the tide of success, should clamorously assert the existence of this therapeutic mirage, despite the evidence of the senses. But it is only a question of time when truth will prevail, and the moment is drawing near when we shall write the epitaph of antitoxin.—Medical Brief.

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## HOSPITAL NOTES.

### Erythema Cinchona.

Anomalies in the physiological effects of drugs are very common. Especially is this so in morphine. Cinchonae derivatives, however, seldom surprise us in their effects. So much so are we convinced of this fact, that when patients object to the use of quinine we give them some other cinchonae salt and assure them that they are not getting quinine. Mrs. C. recently offered the above objection and was given cinchonidia sulph. with the result that she suffered, the next day, with a diffuse erythema of such a degree that it resulted in desquamation of the entire epidermis, even to the palms of the hands and soles of the feet. This same condition of affairs was brought about by the use of elix. calisaya when used as a vehicle for iron tonic. She claims to have passed through a similar experience in Galveston, San Antonio and other places.

In the coming election of city officers for Houston, the citizens should see that no one is elected health officer that is not pledged, before hand, to use his best endeavors to secure an ambulance for the city.

Dr. R. R. Walker, of Paris, Texas, concludes a very readable article on "Preparation and Aftertreatment of Abdominal Sections," with the following:

1. Always see that your patient's general condition is as good as can be made.
2. See that the bowels and kidneys are active.
3. Strict cleanliness is the "sine qua non."
4. Drainage is called for in majority of cases.



5. Reopening the abdomen for any pronounced febrile exacerbations occurring late in the convalescence.

6. Fecal fistulas tend to close without any operative procedures.

7. Use no opiates in after treatment, if avoidable.

8. Adhesions, especially between intestines, are causes of constipation, which adhesions should be loosened and freed as far as possible at the time of operation.—Southwestern Medical and Surgical Reporter.

The new St. Joseph's Infirmary of this city is fast nearing completion. It is well located on the block bounded by La-Branch and Crawford streets and Calhoun and Pierce avenues. The Caroline street cars pass the block, making it easy of access from center of the city. The building is a solid, substantial structure of brick, and built with a purpose single to convenience and utility in the light of strict sanitation, as developed to date. The architect has endeavored to obey strictly the sanitary laws, by making the stories high and the windows numerous, to meet the demands of this climate. The plumbing is exceptionally fine and modern, with bath tubs and water in every part of the entire building. This is as it should be. The up-to-date class of the medical profession are daily learning to respect more and more the sacred axiom, "cleanliness is next to godliness," and this law of life the Sisters will have facilities to obey in both the person of the inmate and the building containing him. The attention of the medical profession of the city of Houston is called to their beautiful operating room, which will be placed at the disposal of the entire profession of the city. The room is large and contains a skylight in addition to many windows. It will be equipped with all modern appliances such as hot water tanks, sterilizers, etc. For thorough asepsis, all this will be highly appreciated by the surgeons of the city. The Infirmary contains in addition to the usual ward rooms, fifteen private rooms, each containing a beautiful grate and each will be, when furnished, a complete home for the sick. St. Joseph's Infirmary when completed will be a credit to the city, and an institution that the Sisters may well feel proud of.

## NEWS AND MISCELLANY.

The American Medical Review, edited by Dr. Dan'l Lewis, and published by the R. N. Plummer Co., 106-108 Fulton street, New York, has issued its first and second number (December, 1895, and January, 1896.) It is a beautiful specimen of magazine printing and its contents bear the stamp of experienced editorial management. It is occupying a unique field in medical literature, similar to that of the "Review of Reviews," in its relation to general literature. If this medical Review of Reviews keeps up its present high standard, it is certain to meet with the favor of the medical profession.

We are glad to note that the publication of the "Index Medicus" is to be resumed.

Dr. J. C. B. Renfro, who practiced medicine twenty-eight years at LaGrange, is a candidate for city health officer. The doctor is not basing his candidacy upon party nomination, but is running upon his own merit, and promises the citizens efficient service for their support.

Dr. R. W. Knox made a visit to Taladega, Ala., last month.

Dr. J. O. Williams, of William Penn, has located in Houston for the practice of his profession. The doctor comes well recommended as a surgeon and has the distinguished honor of having been the first surgeon to perform the operation of symphysectomy on this continent. Dr. Williams' work shows good results, and has been done on the broad prairies, often unaided and alone. None but a surgeon knows the disadvantages under which the rural surgeon labors in these days of aseptic surgery, as compared with the surgeon who operates in a large, well equipped hospital, with every need at hand, and surrounded with a corps of well trained assistants, disciplined for emergency.

At the meeting of the Houston District Medical Association, held on February 16th, the following officers were elected to serve the ensuing six months: Dr. R. C. Hodges, President; Dr. J. B. Massie, Vice President; Dr. O. L. Norsworthy, Secretary; Dr. P. H. Cronin, Treasurer, and Drs. J. W. Scott, J. A. Mullen and N. J. Phenix, censors.

Dr. Robert McElroy is now in the race for city health officer. The doctor is energetic and enterprising, and will clean up the city if he can get through the mud of the race. He is a broad-minded citizen, and would make the city an efficient officer.

The editors of The Record, as public spirited citizens, as well as physicians, are not satisfied with the filthy condition of the city. We have no kicks for the past, no room for long arguments as to future reforms, but the needs of the city from every point of view, as well as that of health and life, which are entitled to first consideration, demand that the city be cleaned and kept clean as a city. Nothing more is demanded, nothing less will do. We must have a cleaner city, and The Record pledges its help.

Dr. Francis Geuterbruck, an old practitioner of Houston, died at his home in this city on February 6th. He was educated in medicine at Marburg University, Germany, 1858. He located in Houston in 1874 and was a successful practitioner of medicine.

It is just to Dr. Hodges to say that the heading of his article in the February number of The Record was supplied by the editor.

Cawker—"I have discovered what started the New Woman craze."

Cumso—"Let's have it."

Cawker—"Listen to this testimonial in a patent medicine advertisement: "Since taking four bottles of your Health Restorer I am a new woman."—Life.

Dr. J. B. Massie is the latest to announce his candidacy for city health officer. The doctor is very popular as a physician and citizen, and has many friends who will work untiringly for his election. Dr. Massie is a cosmopolitan citizen and will, if elected, make the city of Houston an up-to-date health officer.

The Record asks all of its friends and subscribers to send notices of deaths, marriages, removals and all medical news to the editors, and they will be accepted as favors from the friends of The Record.

The Record welcomes Dr. J. E. Gardner, of Fort Worth, to the city of Houston, where the doctor will locate for practice.

The following announcement has been sent out by President Coleman:

Colorado, Texas, January 31st, 1896.

Dear Doctor: The Texas State Medical Association will hold its twenty-eighth annual meeting in the city of Fort Worth April 28th to May 1st inclusive. Every regularly educated physician in the State, who is a graduate of a regular medical college in good standing, and who conforms to the Code of Ethics, should be a member of the State Association. If you are not already a member it is a duty you owe the profession and yourself to join; and may we not hope to have the pleasure of meeting you at Fort Worth?

This is not a mere formal announcement, doctor, because the constitution requires it, but it is a personal appeal to you, and we hope you will so regard it.

We would specially urge upon all gentlemen who expect to read papers in any of the sections, to have titles of their papers in the hands of the secretaries as early in March as they can. It is not necessary for you to have the papers, so early, but send the titles. This is earnestly requested by our Secretary, in order that he may prepare the programme, so as to have it in your hands at an earlier date than heretofore. I would suggest it would add materially to the interest of the discussions, if the authors would designate some gentleman to open the discussion on their papers.

We are justified in saying that there is more interest manifested on the part of our members than has ever existed before. Many of the local and district societies have recently, and others will when they meet, pass resolutions, setting forth loyalty, and urging upon their members, if not already members of the State Association, to attend the Fort Worth meeting and join.

Now, doctor, the State Association comes to you with this appeal: "The object of this Association shall be to organize the regular medical profession of the State in the most efficient manner possible; to encourage a high standard of professional qualifications and ethics; to promote professional brotherhood; to labor for the advancement of State medicine, that is, of public hygiene; of medical education; of medical jurisprudence and public institutions for the sick and infirm." Is not such an object sufficient to enlist your support?

Lay aside your responsibilities for the time, and meet with us at Fort Worth, the city of genuine and unbounded hospitality.

Very truly and fraternally yours,

P. C. COLEMAN, M. D.,

President T. S. M. A.

## POETRY.

## Love's Anatomy.

My subclavian fossa disgusts her,  
 She scorns my parietal bone,  
 Yet sweet is my love as the morning  
 That breaks in a tropical zone.  
 To her I will bend my patella,  
 On her fix my optical ray,  
 In thinking of her my medulla  
 Will wear all its "pia" away.  
 Yet, tho' perish my poor oblongata,  
 And the pith of my ossa decay,  
 Still to me she's the persona grata  
 I most like to find in my way.

—London Fun.

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O Roentgen, then the news is true,  
 And not a trick of idle rumor,  
 That bids us each beware of you  
 And of your grim and graveyard humor.

We do not want, like Dr. Swift,  
 To take our flesh off and to pose in  
 Our bones, or show each little rift  
 And joint for you to poke your nose in.

We only crave to contemplate  
 Each other's usual full dress photo;  
 Your worse than "altogether" state  
 Of portraiture we bar in toto!

The fondest swain would scarcely prize  
 A picture of his lady's framework;  
 To gaze on this with yearning eyes  
 Would probably be voted tame work.

No, keep them for your epitaph,  
 These tombstone souvenirs unpleasant;  
 Or go away and photograph  
 Skeleton of the U. S. Senate.



## BOOK REVIEW.

“Who shall dispute what the reviewers say?  
Their word’s sufficient, and to ask a reason  
In such a state as theirs is downright treason.”

—CHURCHILL.

REPRINT FROM ‘‘MODERN MEDICINE AND BACTERIOLOGICAL REVIEW,’’ 1895. The Importance of Intestinal Asepsis and Antisepsis in Abdominal Surgery. By J. H. Kellogg, M. D., Battle Creek, Mich.

REPRINT: Operative Treatment of Aneurisms of the third Portion of the Subclavian Artery. By Dr. Edmond Souchon, of New Orleans, Professor of Anatomy and Clinical Surgery, Tulane University; Fellow of the American Surgical Association.

This is without doubt the most complete work on this subject and should be carefully perused by every surgeon. The page facing the first reading is occupied by cuts of Drs. Miles, Wyeth, Coppinger, Smythe, Monod, and Schöpe, each of whom had operated upon aneurisms in this locality, or made diligent research pertaining thereto. As the author says: ‘‘It is based on the study of one hundred and fifteen operated cases herein reported, of which thirty-one are traumatic, eighty-one idiopathic, and three, recurrent. Never before have the traumatic aneurisms of the third portion been described at all, although replete with most poignant interest.’’ There are several tables, the first of which consists of operations upon fourteen traumatic aneurisms of the third portion of the right subclavian artery, the next of fifty-seven idiopathic aneurisms of the right subclavian; the third of seventeen traumatic aneurisms of the third portion of the left subclavian, and the fourth and last, of twenty-four idiopathic aneurisms of the third portion of the left subclavian artery.

The deductions from such an exhaustive research are of course very valuable, and his section of ‘‘the treatment of the future’’ contains not only his own ideas, but the views of Wyeth, Senn, Ballance and Edmonds, with new ideas in regard to the ligature, knot, clot and hemorrhage. We are glad indeed to have this Reprint in our library.

## PUBLISHERS' NOTES.

Mosehart & Kelly, of this city, can furnish you with an 'up-to-date' physicians' phaeton.

If you desire your instruments replated, call on or correspond with L. C. Miller, Houston, Texas.

'Hockerbrau' is an elegant preparation for convalescents and is also very useful in amylaceous dyspepsia.

To those desiring the service of a skilled optician, we can recommend as thoroughly reliable, G. W. Heyer, and the Houston Optical Co.

The Phosphates of Iron, Soda, Lime and Potash dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in nervous exhaustion, general debility, etc. Robinson's Phosphoric Elixer is an elegant solution of these chemicals. (See page 11.)

We call the attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.

Trikresoliodin.—Registered—Prepared under the formula and supervision of Dr. F. Mortimer Reeves. The peculiar pathological conditions existing in Rhinitis, Atrophic and Hypertrophic, and Post-nasal Catarrh, require something more than the ordinary palliative measures resorted to, as a rule, to controvert them successfully. Reaction is positively necessary, and can only be secured by an agent producing a safe, non-erosive, osmotic effect, guarded by sedatives and antiseptics non-irritant themselves. This preparation possesses all these requisites. Literature sent on application. Prepared strictly for physicians' use. Meyer Bros. Drug Co., Sole agents, United States and Canada, St. Louis and New York.

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## ORIGINAL COMMUNICATIONS.

### Fracture of Skull.\*

BY R. T. MORRIS, M. D., HOUSTON, TEXAS.

This condition is subject to various classifications, but the following will answer all practical purposes. Depressed and non-depressed fractures.

Non-depressed is a sudden solution of the continuity of the bone without depression or compression upon the cerebral envelopes or the brain tissue, as a fissured fracture, which may be simple or compound.

The history of an injury, the scalp wound or contusion, the detection of the fissure by palpation or ocular examination, makes the diagnosis positive, although it is well to bear in mind that an abnormally placed suture has been mistaken for a fissured fracture.

When a non-depressed fracture without compression is complicated with concussion, the diagnosis is not so readily made, but the shock, rapid pulse, cold extremities, vomit-

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\* Read before the Houston District Medical Association, February 24th, 1896.

ing, absence of paralysis, will usually be sufficient to differentiate. Again, a fissured fracture with swelling of the soft parts renders the diagnosis difficult, and sometimes impossible, unless the soft parts are incised and an ocular examination made.

Fracture of the base, too, may come under this classification, which is the result, as Gross says, "of the effect of two forces applied simultaneously at opposite points," and not fracture *contre-coup*. The result of this force is usually fatal. I present the following case with some diffidence: P. C., age 33, was brought to the hospital December 22, 1892, in the following condition: Pulse 70 per minute, slight hemorrhage from left ear, extravasation of blood in the cellular tissue of the left eyelid and slight hemorrhage from left nose. Patient recovered. A rational deduction from the objective symptoms warranted a probable diagnosis of fracture of the base.

Fracture of skull accompanied with depression or compression upon the cerebral envelopes or brain tissue.

This form of fracture is usually the result of direct force, as a gun shot wound or blow, and occurs more frequently at the vault, as that portion of the skull is more exposed to injury and the bones are thinner.

Occasionally the outer table is fractured, leaving the inner table intact, a condition difficult to recognize without trephining. Again, in a simple depressed fracture, with extravasation of blood and swelling of the soft parts, we experience the same difficulty, and it would be a wise course, in most cases, to incise the scalp and then make a positive diagnosis.

There are degrees of compression, varying from the pressure of a minute spicula of bone to extensive comminution of bone and laceration of the bone tissue, and the symptoms vary accordingly. In some cases the only evidence is that furnished by palpation, while in others there may be partial or complete loss of consciousness, slow pulse, stertorous respiration, paralysis, convulsions, uneven dilatation of pulse, loss of speech and other symptoms depending upon the locality involved.

You all know the train of symptoms presented when

pressure is exerted upon the fissure of Rolando, third frontal convolution, Isle of Reil tempora-sphenoidal lobes and such well known localities, whose functions have been satisfactorily demonstrated.

Hoffman reported recently in the Medical News, a case of gun shot wound of left temporal region, injuring the third frontal convolution, with absence of apasia. Further investigation showed the man to be left handed and centre of speech on right side.

Occasionally the diagnosis is rendered more difficult by the fracture occurring some distance from the scalp injury, as the following case will illustrate: G. B. was brought to the hospital profoundly comatose, pupils unevenly dilated, pulse 75 per minute and respiration slow and labored. In the right auditory canal was freshly coagulated blood. There was a small scalp wound about two inches above the right auditory meatus, which was considerably enlarged, but no fracture detected, so a fracture of the base was diagnosed. In a few hours patient died, and an autopsy disclosed an irregular fracture of the squamous portion of the temporal bone, about two inches in length and one inch below the enlarged scalp wound. When the calvarium was removed a large coagulum of blood was seen pressing the dura mater inward to such an extent as to destroy the contour of the right middle lobe. The hemorrhage was from the posterior branch of the middle meningeal artery.

The case illustrated the advisability, when extra dural hemorrhage is suspected, of trephining over the two branches of the middle meningeal artery, if necessary.

Mortality.—Wagner and Seydel give statistics showing that by an immediate resort to trephining, the mortality is about 1.23 per cent. for recent accidents. When compound fractures are not operated upon until after the lapse of twenty-four hours or more, the mortality raises to 33.33 per cent.

Treatment.—The treatment of fractures of the skull has undergone some radical changes in the last few years, due to the lessened mortality from aseptic and antiseptic precautions and improved technique.

Ashhurst, in 1889, in regard to simple fractures of skull



accompanied with depression, says: "I have never seen a case of this kind in which I thought the use of the trephine justifiable, nor an autopsy which showed that the operation could have saved life." In impacted fractures, though compound and depressed, I would not advise an operation, even if symptoms of compression were present."

Nancrede, in *International Encyclopedia of Surgery* for 1895, says in regard to simple fracture: "Bearing in mind the immediate risks of encephalitis, and the future ones of epilepsy and insanity, there can be but one opinion as to the advisability of operating for all varieties of accessible fractures." He writes the following in regard to compound fractures: "The surgeon should always operate, not for compression, but in order to disinfect. This can be properly done by elevation of fragments, or even their removal, to admit of paring with a chisel to get rid of dirt, and of free antiseptic irrigation. The slightest fissure, as by imprisoning a hair, has been the starting point of sepsis; so when there is the slightest doubt, all cracks should be carefully chiselled out and thoroughly disinfected."

The following case will illustrate the necessity of a rigid observance of the rules of asepticity, without which a harmless condition can be converted into one of great gravity with a fatal termination: P. C., age 29, was admitted to hospital December 15, 1893, with two compound fractures of the right parietal bone, a little anterior to the Lambdoidal suture, the result of a blow with a shovel. The injury was inflicted four or five days previous to entrance; and as no cleanliness had been observed, the scalp wounds were in a very septic condition. There were no signs of compression, no paralysis, pupils unaffected and pulse rate normal. The wounds were cleansed and patient progressed nicely until night of January 2, when without premonitory signs, he became unconscious, pupils unevenly dilated, respiration labored, and death ensued in a few minutes. An autopsy disclosed a cerebral abscess which had ruptured in the right lateral ventricle.

While the treatment suggested may appear radical, I am of the belief that it is the treatment of the future, and affords the patient the best results.

Conservatism is a laudable virtue for a surgeon to possess, but it does not mean that he shall postpone and delay, when his patient's interest is best served by an immediate operation; the danger is not in the operation, but in the delay, when a lapse of twenty-four hours with compound fractures, makes a difference in the mortality of 33 per cent.

The man that stands over the bedside of a depressed, or I may say, and fracture of the skull within the field of operation, and calmly folds his arms and says, we will wait, watch for developments, is far more dangerous than he who boldly takes his scalpel, trephine and elevator and proceeds to remove the compression and prevent sepsis. I don't mean to encourage needless operating, but let him compare statistics, weigh the latest authorities and remember the remote effects of epilepsy and insanity.

As it may border on recklessness to suggest trephining in all fractures, with or without symptoms of compression, I would suggest operating on all compound fractures, and simple fractures with symptoms of compression.

The danger is not much increased in a compound fissured fracture by trephining and passing an elevator between the dura and bone to ascertain if there is any spicula or hemorrhage. It has already been exposed to the air and the danger of meningitis and encephalitis is not increased thereby, while some remote serious results may be obviated.

I will not burden you with the minutae of skull operations, but only mention a few broad principles.

1. Shave the whole scalp and observe all aseptic and antiseptic precautions.

2. In compound, remove all loose fragments and elevate all depressed portions, by trephining if impacted.

3. Chisel the fissures if contamination is suspected.

4. When in doubt as to the diagnosis, incise the scalp wound and make a digital and ocular examination.

5. Drain the operated fields with suture or gauze, even if the wound is thoroughly aseptic.

In discussion, Dr. Blair said, Mr. President and Gentlemen: Dr. Morris' paper is brief as to diagnosis of depressed fractures of the skull. He does not touch on fractures, other than those that can be readily diagnosed by vision and

taxis. In cases of suspected fracture of the skull, where no definite diagnosis can be made and when clinical symptoms point to fracture, the urine should be examined for urobilin and fat, as an auxiliary aid to diagnosis. These are found in the urine as the result of absorption of blood at the point of fracture. Scriba maintains that fat is found in the urine in large quantities in almost every case of fracture. This is a diagnostic point that the surgeon should not lose sight of in cases of fracture of the skull, where depressed fractures are suspected and cannot readily be determined by vision and taxis.

Temperature is also to be considered in cases of fracture of the skull. Temperature in fracture varies, but is mostly found to range between 101.3 to 102.2. Temperature is caused by the absorption of the dead tissue elements and fibrin ferment formed in the extravasated blood near the point of fracture.

As to treatment, Nancrede says, "that a fracture of the skull has no inherent danger over and above similar injuries of other bones; indeed, not nearly so much, if we accept the peculiar arrangement of its diploic venous channels which predispose to purulent infection." Every surgeon of experience knows how quickly scalp wounds and fractures of skull are repaired where infection, and where no loss of brain substance or injury to the meninges exist, hence I cannot agree with Dr. Morris in advocating surgical interference in all cases to ascertain if depression of bone exists, where there are no clinical symptoms to indicate depressed bone, and where depression is not obvious by vision or taxis. I would dress the wound as aseptic as possible, and defer surgical interference until symptoms indicated it. In other words I do not believe in surgical interference to see if a condition exists, when you have no evidence or symptoms indicating it, even if you can operate without danger or fear of infection, for these you cannot always be sure of.

Dr. Sampson said: The Doctor's paper is certainly interesting and to the point.

With reference to the immediate use of the trephine in all forms of depressed fractures of the skull, I think there

are certain conditions which should be taken under advisement before operation.

1. Age of patient. In young children the bones of the skull, as elsewhere, are subject to greenstick fractures, which admits of a fairly good prognosis without operation.

2. The location of injury may also alter the indications for immediate operation.

We should, however, never lose sight of important advantages gained by immediate operation with early relief of pressure in certain regions, thus diminishing the effect of one of the most potent etiological factors in epilepsy. And all dilatory and temporizing procedure should give way to the trephine. A good, large flap should be thrown up in order that we may have good field for observation. A rubber tube should be tied around the head or overlapping stitches should be taken around the field of operation to avoid hemorrhage. After passing through the skull we should search carefully for any splinters which may have scaled off the inner table and lodged between dura and skull.

I am strongly in favor of never going through the membrane, unless it is absolutely necessary. These tissues are entirely too delicate in their histological structure to admit of much laceration or handling without giving rise to some pathological change which is apt to result in adhesions to cortex and be followed by some epileptiform phenomena.

Dr. Joseph A. Mullen said, Mr. President and Gentlemen: I have listened with a great deal of interest and profit to the reading of Dr. Morris' paper. I thoroughly agree with the Doctor in the immediate necessity of raising all depressed fractures of the skull and treating the wound in the strictest antiseptic sense possible, so as to preclude the smallest chance of infection.

There is one point which may materially assist in the differential diagnosis between a depressed and a fissured fracture, and that is the use of percussion applied to the cranium for the detection of the cracked-pot sound, which, according to Dr. W. H. Keen, of Philadelphia, is pathognomonic of fissured fracture of the cranium.

A word or two in reference to differentiating between the

seat of fracture at the base of the skull, whether in the anterior, middle or posterior fossa.

There are certain particular local evidences, the observation of which, taken in connection with associated traumatic symptoms, will locate with considerable accuracy the seat of the fracture.

Swelling of the upper lid, ecchymosis of the conjunctiva and discharge of bloody serum from the nasal cavity, would strongly suggest a fracture of the anterior fossa; whereas a bloody serum or mixed discharge from the ear may indicate the seat of fracture in the middle fossa; again swelling and oedema of the tissue at the tip of the mastoid process, 24 to 48 hours after the accident would justify a diagnosis of fracture of the posterior fossa of the skull.

In fractures of the base in any of its fossae with either a serous or bloody oozing from the nasal cavity or the external auditory canal, the utmost care should be exercised in draining and keeping these cavities aseptically clean. They should be thoroughly irrigated with some mild antiseptic solution and afterwards packed with an iodoform gauze; this to be renewed at least once daily. It should also be remembered that the fissures from which these discharges come are a direct avenue by which infection of the meninges can occur.

Dr. Norsworthy said, Mr. President and Gentlemen: I agree with Dr. Mullen as to the combined use of the stethoscope and plessimeter for differentiating a fissured fracture from a skull suture.

I should trephine in every case if I was positive of a depression over any portion of the brain, and always examine around the opening between the dura and skull for spicula. I relate a case in connection with fissured fractures, extending to the opposite side of the skull. A girl fell from a stairway, the right parietal bone striking the railing, and a depressed fissured fracture was diagnosed, and trephining was performed. Some time later, child developed an abscess in left frontal portion of brain, and a post mortem found the fissured fracture had extended from the right occipito-parietal suture to just above the superciliary ridge of the left side.

Dr. Morris in closing said, Mr. President: I appreciate



the discussion my paper has elicited. I do not wish to be considered as too radical, but when we recall the remote effects, as epilepsy and insanity, and compare them with the dangers from operating, I think our course is plain. I would not needlessly open the dura mater (it is a membrane somewhat like the peritoneum, one for which I have a great respect, and I feel like making an obeisance in its presence), but when there is a bulging or absence of pulsation, I think such a step is warranted. Individual cases are not a sufficient criterion, and the latest authorities advocate interference.

### **Treatment of Buboes.**

BY O. L. NORSWORTHY, OF HOUSTON, TEXAS.

Bubo is one of the most frequent diseases met with in our hospitals, besides it being not infrequent in private practice.

The treatment of buboes is most tedious and repulsive to both surgeon and patient, and the patient's long absence from his duties becomes annoying to his employer; aside the expense of the surgeon's daily attention, for daily dressings are really necessary if the gland is allowed to suppurate and open.

The Inguinal or any gland always warns us before suppurating.

It becomes swollen, reddened and painful, and is not influenced by the use of antiphlogistics, which is sufficient to indicate its tendency to suppurate. especially if we are aware of the character of the bubo, as to its cause, whether gonorrhoeal, chancroidal or syphilitic, or is traumatically inflamed.

When a bubo presents the above signs and refuses to improve under the use of our antiphlogistic measures, such measures should be ceased and the entire gland should be removed. Under no circumstances should the gland be allowed to remain until there is sufficient suppuration to detect fluctuation.

After shaving the parts thoroughly for four inches around the inflamed gland, and preparing for a perfectly aseptic operation, we should make an elliptical incision over the gland, or glands, which should reach direct down to it, and with

the index finger, peel the gland out of its bed as if it were a fatty tumor.

If there has been sufficient inflammation and traumatism to cause the surrounding tissue to become indurated and adherent fibrous bonds, the gland will not peel out so easily. This complication can be overcome by the aid of the scissors and tissue forceps; and, by removing all of the endurated tissue with the glands. The blunt pointed curved scissors I have found to be the best for clipping these fibrous bands and trimming out the indurated tissue.

By irrigating the cavity with hot, sterilized water and then packing it with hot, sterilized gauze for a few minutes, all oozing will be arrested.

There will be no active hemorrhage unless from a branch of the superficial epigastric, external pudic or circumflex iliac arteries, which can be arrested by turton if the hot pack fails. Then with blunt pointed curved scissors trim off all projecting fibrous bands and suspicious looking tissue, leaving a perfectly clean and smooth cavity.

After you have thoroughly satisfied yourself that all the suspicious looking tissue has been removed, that all hemorrhage has been arrested, and that the cavity is perfectly aseptic, close it with sterilized silk.

Before introducing the needle draw the integument back from the edge of the incision, as you would for suturing an abdominal incision, and take a deep stitch so as to draw the walls of the cavity together, instead of suturing the skin alone, thereby leaving the open cavity to fill up by granulations. Dust some aseptic powder over the incision that will form a protection coat for the sutures. With a close-fitting spica bandage fix the thigh at an angle of about 110 degrees, with the body holding it in this position for a week, unless too much pain or fever occurs. At the expiration of the week the sutures may be removed if there is sufficient adhesion; if not, allow them to remain longer.

The great majority of cases can be discharged between the 7th and 12th days, after cautioning them against forcibly extending the thigh of the affected side.

Some eastern surgeons have advised packing the cavity tight with boracic acid C. P. after removing the gland, and

putting in a superficial gauze drain before suturing. Their ideas for doing so I cannot grasp.

If the cavity is perfectly clean of all fragments and indurated tissue, and is free from hemorrhage and perfectly aseptic, which should absolutely be true before closing it, it will heal primarily without any packing or drain.

I performed this operation several times while an interne in charge of the Venereal Clinic of the Charity Hospital of New Orleans.

There not being sufficient room in the wards for all bubo cases, some were operated on in the clinic room under the effects of cocaine. These were allowed to return to their homes and report to the clinic room for attention. All these cases did not recover by primary incision, however—they made a much quicker recovery than others that were allowed to suppurate and open.

The majority of those that were operated on under chloroform and put to bed in the ward made a quick union, and were discharged before the 12th day. I found the operation very painful to the patient when using cocaine, if there was any indurated tissue and adhesions, otherwise the operation can be performed very successfully and with comparatively little pain by the correct use of cocaine.

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#### The Mercurials.

Dr. S. V. Clevenger thus recapitulates an exhaustive study of mercury, in the *Journal American Medical Association*, February 29.

1. Mercury acts mechanically as a deobstruent upon the glands and lesser tubular strictures, by virtue of its unstable chemic properties, its volatility and great weight.

2. Its condition in the fluids and tissues is that of finely divided globules of the metal numbering upward of one thousand million (one billion, French) to the cubic centimeter, and as a vapor of the metal. In whatsoever form it may be taken, it is quickly precipitated as mercury, and without change is excreted or retained in the system, mainly in the bones.

3. It cleanses the intimate visceral tissues by projecting from them materials of less weight, and in this way breaks up, removes or prevents morbid accumulations. In excess

it occludes the tubular parts, and may produce any of the phenomena attending stasis of vital operation anywhere about the body, such as ulceration, congestion, paralysis, anemia, etc.

4. The liver and inferior maxillary region for anatomic, and the former for physiologic reasons, receive most of its primary influences.

5. It can be given in larger doses in warm weather or climates, because heat favors its elimination, systemic effects decreasing necessarily in proportion.

6. Its antiphlogistic properties are merely deobstruent and detergent.

7. Its value in syphilis is owing to its acting in the line of least resistance, breaking up any nidus the disease may form. The ability of the metal to envelop and carry micro-organisms gives it an ameboid or phagocytic value. In phagedenic ulcerative processes it would be contra-indicated because the degeneration is too rapid to be effectually reached by mercury, which is not the case in slower forming specific ulcerative stages. Its administration in these diseases could be regulated by the rapidity of degradative processes. Comparatively slow acting morbid centers, or those of a congested nature, could be improved by mercury where the drug would only accelerate rapid tissue destruction.

8. It is tonic, by increasing red blood globules whose formation has been prevented by glandular perversion, the metal removing the obstructions toward their formation, while in overdoses anemia is produced by occluding the vessels it, in small doses, cleansed.

9. The solubility and consequently superior penetrability of the bichloride is probably productive of the mercurial characteristic effects which seem out of proportion to the amount of metal in doses of this salt; but it is not to be denied that chemic or direct neurotic influences co-operate with the metal in the more active preparations, and thus possess features of their own.

10. Experimental evidences is opposed to probable formation of any compound in the body, and supports the belief that decomposition invariably and almost instantaneously follows its ingestion with the precipitation of mercury as minutely divided globules, from any preparation of which it forms the base.

# Southwestern MEDICAL RECORD.

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All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M. D., Secretary, Houston, Texas.

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*To Contributors and Correspondents.*—Original Articles, Clinical Reports. Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere.

☞ Entered as second class mail matter at the Postoffice at Houston, Texas.

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## EDITORIAL DEPARTMENT.

AN UNSTABLE REFLEX.—A short article in our February number on “State Care of Epileptics” set off the editor of the Texas Medical Journal into a paroxysm of patronage, sympathy and sarcasm.

Our article was written in harmony with the well known democratic doctrine of opposition to government centralization.

The editor in question, Dr. Daniels we will assume, thinks, to quote his own words, that we are “lonesomely alone.” Alone like Napoleon, “wrapped in the solitude of his own originality,” who, by the way, would be in Dr. Daniel’s asylum if—— In fact, we like being “alone” in such



good democratic company. Instead of "being ashamed of having uttered it," as Dr. Daniels says, we are rather proud of such company and propose to continue the lonesomeness. The Doctor's article is too long, or we would gladly reproduce it. We will however essay to reply to some of his more important criticisms. (All quotations are Dr. Daniel's.) But first, it "strikes us with surprise" that so gifted a writer as Dr. Daniels should in one place say that we belong to the "better element of the Texas profession," and then seize upon a typographical error (effected for affected) to belittle us. Doctor! Doctor! Such tricks are unworthy the source. You even "strike us with (greater) surprise," when you assume to believe medical statistics—"ten consecutive cases of epilepsy cured by castration."

The Doctor manifests a lamentable (we should say willful) ignorance of the laws of this state. The law requires each county to take care of its own poor and make such provision for the indigent sick as the dictates of humanity require. In Harris county the Commissioners' Court has complied with the law. They have employed a reputable physician, every whit as competent as a governor's appointee. He looks after the sick, who are cared for at a first-class hospital and looks after the health of the inmates of the poor farm. This poor farm is one of the prides of Harris county. It is nicely located three miles from town, in a healthy place, with buildings on it that far surpass in elegance those of many of our best citizens. In fact, if fortune frowns when years have come and friends gone, and I have to go over the hill to the poor house, I will feel that here is a home to gladden my old days, a home erected by a humanity loving people.

A place like that fulfills the law. No one need "take this class out of the (jail) and poor house" in Harris county. It is indeed a sheltering arm to poor unfortunates,

wrecked in body and purse, yet keenly alive to the pleasures and comforts of life. It is a place, if I mistake not, where Dr. Daniels would be willing for epileptics to stay. They would not likely appreciate it as much as the others, for when their trouble had come to such a pass that they seek an invalid's home, they have likely, while passing through the hands of many physicians, developed a degree of mental obtundity that makes them insensible and indifferent to surroundings.

The Doctor, in posing as a humanitarian, seems to have jostled a wee bit the milk of human kindness. He would better the epileptics and leave the others to their fate. Let him drop this matter of state care and stimulate the secular press to prod the various county authorities to do their duty. We need no state care. I have been county physician and speak, as it were, *ex cathedra*. The physicians of this state stand ever ready, if need be, without money and without price, to cure the curable epileptics. As for the rest, they can be taken care of by the various counties without violating any good democratic doctrine.

Besides, it is still a question whether or not the congregation of a large lot of perfectly free (they must needs be free) epileptics would not produce results altogether undesirable.

We do not ask the Doctor if he is not "by now ashamed of having uttered it," but we would like to know what he finds under the bonnets of those who advocate this scheme.

Dr. Daniels closes his article with the following:

"Dr. Red, as editor of a Texas medical journal, will be expected, if not to lead and shape the sentiment of the profession, to at least reflect it; and in this regard, we think, he will find himself lonesomely alone."

We will excuse the Doctor for telling us how to run this journal, and will just take it as a case of absent mindedness,

superinduced by meditating on how to dodge the bullets of those he has ‘‘castrated for crime.’’ R.

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SUPERSTITION AND INCREDULITY.—‘‘The people love to be humbugged.’’ There is more truth in the above words, uttered by an American showman, than in the wisest of Solomon or the most logical of Mills.

It is innate in the most enlightened to take interest in the mystical and to have a lurking belief in the supernatural. A great many would rather believe in the inexplicable than be guided by well recognized and easily comprehended laws. There is a greater charm, more attraction, in a Schlatter in the eyes of the people than in a wise, conservative physician or surgeon, and there are no restrictions, no limits, to his powers for curing diseases and performing wonders. It is necessary that the man should remain aloof from the common herd; be hedged in by reserve and a kind of spiritual silence, while others make wonderful claims for him; then the people endow him with qualities and attributes which he does not possess, whereas if he opened his mouth or acted like an ordinary being, it would give the lie to his claim and remove him from the pedestal upon which a credulous public has placed him. The man Schlatter was visited by thousands, who would undergo hardships and privation to obtain the pressure of his hand, while he rolled his eyes upward and muttered a few inarticulate phrases. They scrambled like hoodlums for handkerchiefs which he had blessed, as if they contained the secret of eternal youth, and the pathetic feature was that they really believed they did.

The belief in the supernatural is coeval with the birth of man, and seems to be undetachable from him, for it flourishes as luxuriantly to-day as it did 1000 years ago, but in a more subdued form.

Spiritualism runs rampant. Hysterical women and deluded men, through the aid (which is generally a dollar) of

the medium, converse with departed loved ones, who are so covetous that they leave the comforts of the spirit land and come to this mundane sphere for 50 or 75 cents. They declare with the utmost persistence that they recognized the tone and lisp of little Johnny's voice. Commercial men consult the mediums, as the Delphic oracle of old, upon some business undertaking and rely upon his or her opinion, when a second thought would show them that if the medium possessed any business ability, he would not be travelling over the country raking in a dollar here and a dollar there.

Physicians daily witness manifestations of this credulity. It is a common sight for a negro to present himself with a tuft of his hair tied tightly, generally near the parietal eminence, to hold up his palate and almonds, which he declares has fallen, and in their opinion nothing is so strengthening to a weak back as a tar rope around their belly. What virtue it possesses is beyond my knowledge. What is so beneficial to a sore eye as frequent bathing with urine, and there is nothing in the pharmacopoeia for a bad case of measles as tea made from sheep excrement. A little higher in the social grade you see the same credulity and superstition, but more fortunately under a less repulsive and nauseating guise. Here the rabbit's foot usurps the throne of the tar rope, and the Friday and 13 superstition shove aside the all-powerful urine and sheep tea.

There is a ridiculous side to those beliefs to many, but the unbounded faith of some is inexplicable.

“‘Hope springs eternal in the human breast,’” and many who have incurable afflictions, and have been repeatedly told so, consult these charlatans with a forlorn belief that some good may result, and again a few neurotic ailments are benefited and sometimes cured by the faith and the assertion that they *are* cured.

M.

IS DR. EDSON SINCERE?—This caption heads an editorial in March number of Southwestern Medical and Surgical Reporter. Yes we think he is, Brother Capps, sincere in his desire to get money, very sincere. He is following the advice given by the old Quaker to his son, “get money my son, honestly if thee can, but get money.” We undoubtedly think Dr. Edson sincere in his desire to get money, but why object, Brother Capps? Drs. Edson and Hammond are the only two American physicians who have ever tried to humbug the American profession, we believe, while the foreigners have been systematically doing it for some years. We might just as well let an American physician have a part of our pie, as to be giving it to the foreigner all the time. The greatest of American showmen said, “the people like to be humbugged,” and he demonstrated it by the amassing of three fortunes, Who is more in the clutches of humbugs and proprietary monopoly than a large mass of the medical profession of to-day?

“‘Tis true ’tis pity—and pity ’tis ’tis true.”

It is amusing to the thoughtful mind to contemplate on the prejudice of the physician against the patent medicines and then observe how thoroughly he is controled by the so-called proprietary man. We receive daily hundreds of testimonials signed by physicians, always with the M.D. affixed, indorsing and recommending to their brother practitioners, a proprietary combination of which they know no more than does the laymen when he asks his druggist for his favorite liver fixer, or kidney pumper, of the patent class.

It is “powerful tryen” on the nerve centers of honesty and conscience, Brother Capps, to stand in the gateway at our Eastern ports and see all those money catchers come from abroad. This is all we can say in behalf of Dr. Edson: we are sorry to think that so eminent a man as Dr. Edson does not belong to the “rather be right than president” or “rather be right than rich” class, when he could so well afford to do so.

B.



ONE ON EDITOR BOTELER.—We are in receipt of a sample copy of the North American Medical Review. Sample copies, you understand, are supposed to be sent with a view to obtaining subscriptions, and some tact is generally exercised by the editor, as to the copy forwarded. The editor, in this instance, must have overlooked his only original article, viz: Medical Unrest, by L. R. Dibble, M. D. We quote from this article, page 32 in Vol. 4, No. 1: "Most authors are willing to have their works stand on their merits, and seldom seek recommendations from such intellectual centers as Texas and the Indian Territory."

The article in question is quite lengthy and remarkable for solecisms a school boy ought not to make. In fact, we are in some doubt as to what effect a long residence in an "intellectual center" would have upon the author. After reading this article, the general impression is that while he has not been asked, he thinks he could fill a whole settee (medical).

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DR. D. F. STUART, of Houston, Texas, a short while since, being asked, "What method of procedure do you use in operating upon external hemorrhoids?" said, "I just cut them off." "But do you not use an anæsthetic?" "Yes, cocaine." "Are no hæmostatic agents such as ligature used?" "No, I just cut them off." "Of course you use all antiseptic precautions?" "No, what is the use? I just cut them off and that ends it."

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WE made mention in the March number of the RECORD of the probable resumption of the publication of the Index Medicus. We again call the attention of our readers to the fact that the initial number will make its appearance about April 15. The following is a synopsis of the field it will occupy in medicine:

"The initial and each successive issue will treat the en-

tire medical literature of the month immediately preceding as one vast volume, to which it will aim to be the INDEX or CONTENTS TABLE. For this purpose, an Editorial Staff—the personnel of which has been carefully chosen, in order to insure prompt and accurate work—will review monthly the entire Medical Press of the United States and Canada, including, in addition to the Published Transactions of the various National and State Medical Societies, the current number of every important medical periodical published in the two countries. The result of its labors will be presented in the form of a Monthly Magazine of from 112 to 128 pages, to be known as WEIR'S INDEX TO THE MEDICAL PRESS.

Although the "Index" proper will deal strictly with the American medical press, British and European journals will be similarly reviewed in a voluminous Appendix.

It is our intention to list, under each department, recently-published text-books on the general subject, so that each issue may be, as nearly as possible, a complete bibliography of current medical literature.

We will fill all orders for indexed publications or listed text-books at publisher's rates, and so far as may be possible, by return of mail, keeping for that purpose copies constantly at hand.

The services of our staff may at any time be availed of by physicians desiring to acquaint themselves with the bibliography of any particular subject or case, with or without charge, according to the nature of the service and the labor involved."

THE SOUTHWESTERN MEDICAL RECORD has arranged with the publishers to have the initial number mailed to any of its subscribers, free of cost, who will address a card to the Editors of this journal, requesting that a copy be sent to their address before April 15th.

## CORRESPONDENCE.

Lone Grove, Texas, March 11, 1896.

Editors S. W. Med. Record, Houston, Texas:

Gentlemen—The March number of your JOURNAL has just reached me. Allow me to congratulate you on getting out a Journal among so many competitors so nearly up with the progress of the science and ‘‘art’’ of medicine.

The article on the Code, and the notes on Antitoxin are worth much more than the price of the JOURNAL, for of all the humbugs ever introduced, I think this craze takes the cake. Dr. Jenner’s application of vaccine virus as a prophylactic against small-pox (good in its place) has led to the abuse, not use, of these so called remedies. Dr. J. Marion Sims’ success in abdominal surgery has led to thousands of mere tyros ‘‘hewing through the human form divine’’ with as much sang froid as one would take a chew of tobacco or a drink of whisky.

Animal extracts are good when properly cooked and placed on the table with other viands. The stomach is their place. Gold is also healthy when carried in one’s pocket; especially so, since it must needs be the standard of all values; but in the human stomach it does not ‘‘set well.’’

Such are some of the cogitations of an old army surgeon, in the practice for 45 years. I am

Very truly yours,

C. S. REEVES, M. D.

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OTHER JOURNALS.

The President of the New York State Medical Society, Dr. Roswell Park, of Buffalo, felt great anxiety that the Society should resume relations with the American Medical Association. It is not the fault of the New York State Medical Society that the American Medical Association does not receive delegates from the former body. The credentials of the delegates of the New York Society were contemptuously rejected some twelve years ago, and the State Society, like the man who is kicked down stairs, knows how to take a hint.

Just as soon as the American Medical Association will stop the attempt to regulate the by-laws of the State Medical Society, which it makes for itself, being a body about sixty years older than the National Association, they will get all the delegates they desire, but the State of New York will never go back to the so-called old code. In other words, the physicians and surgeons of this State will not allow the liberty of consulting with all legalized practitioners to be taken away from them. If the scientific men of Texas, Oregon and Maine cannot associate with the New York members, because they do believe in free consultations, the union of the New York State Medical Society with the American Medical Association is far off. But we hope this great body, representing all the States of the Union, will see its way clear not to make any ultimatum at their future meetings on the subject of subscription to codes and then the consummation greatly to be desired will be reached, and we shall be together again.—Post Graduate.

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#### A Cure for Consumption.

By means of a new discovery in photography, Edison expects to cure consumption. Speaking on this subject, he says:

“You know that one of the effects of sunlight on water is to kill the germs and bacteria which it contains. Now, the Roentgen rays, if they mean anything extraordinary, show a disturbance in the ether analogous to the waves of light. The X rays may be short wave lengths beyond the invisible ultra violet rays, or may be longer waves on the other side of the red, in the spectrum. Whatever they are, they should have an effect similar to light.

“My plan is to get two patches of cultures of bacilli and inclose them in celluloid tubes, which have already been shown to be almost completely pervious to the X rays. One of these patches I shall expose to the X rays, but not the other. Then I shall watch the effect to see if the patch of bacilli exposed to the X rays ceases to grow, while the other patch of course will grow on as usual.

“If it can be shown that X rays stop the growth of bacilli, then what can be easier than to turn the rays on the lungs of persons afflicted with consumption? You cannot let sunlight into their lungs, but it has been abundantly proved that the X rays will freely penetrate all tissue except bone.”—Health Journal.

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### **X Rays and Bacteria.**

The Bacteriological Department of the Health Board of New York city is experimenting with X rays and bacteria. The X ray was tried first upon the bacilli of diphtheria. A number of samples were exposed to the ray for a half hour. Then the bacilli were returned to the incubator for the night for the purpose of observing the effect.

Next morning when examined, the cultures which had been exposed it was found had grown during the night. The object of the test was to see if these rays would not kill germs of disease. If the bacilli had not grown during the night, the experiment would have been considered successful. Further experiments will be made.—Daily Lancet.

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### **Fractures of the Elbow Joint.**

2. All fractures of the lower end of the humerus, once in position, are held in place if the forearm is kept acutely flexed. 2. Such flexion can be used without danger to the limb or undue distress to the patient. 3. The only force required being one of flexion, no rigid apparatus is needed, it being sufficient to strap the forearm to the arm. One of the strong points of this treatment, therefore, is perfect simplicity. 4. The points to emphasize are: Be sure to replace fragments as flexion is made, taking great care that the internal condyle is as low as possible and the joint not widened by effusion between fragments. If the condyle is kept down, no gunstock deformity can occur. 5. In cases thus far treated the amount of motion gained has been slightly greater than after ordinary methods. The amount of deformity has been very much less.—Smith.



### Amputations.

I have always held that a circular skin flap, with or without a lateral incision, as the emergency may demand, is the ideal flap. the muscles being divided an inch or more above the level of the circular incision through the skin, and the bone sawed on a level with the muscle. Dissection of the periosteum from the end of the bone in order to secure a periosteal flap is entirely unnecessary, and should not be done.—Wyeth.

### Eclampsia.

Dr. Emory Lanphear claims uniformly successful results in puerperal eclampsia by the intravenous injection of normal salt solution, from a pint to a quart, repeated once or twice if necessary. This, he says, dilutes the poisons which causes the convulsions, and increases the arterial tension to such an extent as to restore urine secretion, even if there be total suppression. He believes in immediate forced delivery, using the intravenous injections only where convulsions continue or begin after delivery.

### Young Doctors.

“Be guided, then, by the voice of experience in all things not controverted by recent facts, and try yourself to become that ideal being the old doctor would be had he only your growth and recent knowledge to add to his tact and savoir faire. Watch him closely! He knows men as open books: he knows how to manage and control them: he knows when to smile and when to be grave. He has learned his community; he knows what he can do without offense, and how best to acquire its good will. He knows best how to set forth the knowledge he has to its best advantage. . Take all you can of his method: it is the result of experience, and pay him that deference when you meet him that you yourself would like to receive from the classmen of 1945 freshly filled with the new doctrines of which you will have only heard through your journal.—Journal American Medical Association.

**Treatment of Superficial Epithelioma.**

Prof. John A. Wyeth says: "If I had superficial epithelioma anywhere on my body where I could use Marsden's paste I would prefer that method of treatment to the knife. In cases where the disease has existed for so long a period that the paste alone cannot be relied upon, I would prefer to have the malignant process first cut or scraped away and then have the paste applied. In this way we get more satisfactory results than by any other treatment I know of. The formula for Marsden's paste, which I have given a number of times, is as follows:

Arsenious acid,	2 drams
Pow'd gum arabic,	1 dram
Cocaine muriate,	18 grains.

This powder should be made into a paste by adding water, when it is to be used, and the paste should be of a consistency of rich cream and applied to the wound on a small piece of cloth and left on from eighteen to thirty-six hours. This can be repeated as often as necessary. The above is the formula for the stronger paste. In the weaker only one dram of arsenious acid is used and twelve grains of cocaine.''  
—International Journal of Surgery.

**Medical Men to Avoid.**

The one who has acute exacerbations of insanity when exposed to any new fad. . The one who is always successful with all his difficult operations. The one who always sees hundreds of cases of a rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who thinks he can talk well and is always ready to discuss any paper of the evening. The one who is always first to do the new operation. The one who is in a chronic fear of being anticipated in his important discoveries. The one who in consultation feels it his conscientious duty to explain to the patient why he differs with the attending physician.—Daily Lancet.

### **Surgical Treatment of Suppurative Disease of the Appendages.**

Dr. William M. Polk, of New York, thus concisely summarizes a valuable paper in the American Gyn. and Obstet. Journal for January:

1. In acute inflammation, with implication of the cul-de-sac, incise and drain.

2. In unilateral suppuration, tubercular inflammation excepted, treat the uterus, and remove the diseased appendages by the vagina—*anterior colpotomy*.

3. In double suppuration: Vaginal hysterectomy with enucleation and removal of the purulent appendages—the so-called *pus sacs*.

4. In suppurative disease, whether double or single, if the patient is too weak to stand the radical operation, evacuate the pus and drain, reserving the radical operation for the future. Choose the route (vaginal or abdominal) which the pus seems disposed to select.

5. In broad-ligament abscess—a matter to be determined by a vaginal exploratory section, if necessary—evacuate by approaching the pus through the utero-vesical region, or beneath the peritoneum along the route of the round ligament.

6. In suppurative disease don't do abdominal section, but, if you should, do not leave the uterus or the cervix.

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### **The General Practitioner and His Duty in the Treatment of Hernia.**

Dr. R. Harvey Reed thus concludes a paper in the Columbus Medical Journal:

First. If you have a case of strangulated hernia proceed to operate, or have it operated upon at the earliest possible moment, after having satisfied yourself that it is a strangulated hernia.

Second. If you have a case of simple hernia, whether old or young, explain the danger to your patient and advise him to have a radical operation, and not wait until it becomes irreducible, and still worse strangulated.

Third. If you have an irreducible hernia do not wait for strangulation or mortification to set in, either one of

which is liable to occur at any moment, and then resort to surgical interference, but advise your patient of the importance of giving this matter his early attention in order to get permanent relief.

Fourth. If you do not feel competent to operate upon these cases yourself, it is no disgrace for you to call in the assistance of a competent surgeon, who will not only aid you in completing your diagnosis, should you be in doubt, but will be able to operate upon your case and save your patient, who will thank you for the interest you have thus taken in his welfare. You are not all expected by your patients to be specialists, or even generalists, in surgery, and for that reason your calling a counsel will not lessen your ability in the eyes of your patients. On the contrary, it will only increase their confidence, for in this way you will show to them your true interest in their case which is to save their lives, let it require what it will. On the other hand, if you do not you will be condemned, either for your ignorance, your wanton delay, or fear of having your ignorance exposed.—Daily Lancet.

#### **Guaiacol in Tuberculosis.**

In Dr. A. Jacobi's new work on Therapeutics of Infancy and Childhood he says: "No one treatment of all forms of tuberculosis ever satisfied me to the same degree as has that of guaiacol. If the taste be objectionable, the carbonate of guaiacol, an almost tasteless powder, may be substituted in three or four daily doses of one to three or four grains each. Both of these preparations, particularly the latter (guaiacol carbonate), may be combined with other drugs according to indications."

#### **Killed by Antitoxin.**

Dr. Gordon B. Rockwell, a most promising young physician with a large practice among the residents of Hyde Park, whose esteem and confidence in the young man's abilities was not misplaced, died from the effects of injected serum, for diphtheria, which he had contracted in his practice. The Chicago health officers insisted upon the use of antitoxin which, in this case, resulted fatally as attested by those in attendance.—Chicago Med. Times,

**Brain Surgery.**

The question of surgical interference for the removal of a brain tumor will always be regarded hesitatingly by the cautious physician, but, judging from the results recorded in the Medical Record (February 1) by Dr. M. Allen Starr, such operations do not give such a bad showing. Dr. Starr gives us the following summary of results:

	Cerebral.	Cerebellar.	Total.
Total number of cases operated upon for brain tumor.	137	25	162
Cases in which tumor was not found	39	9	48
Cases in which tumor was found, but not removed	5	2	7
Cases in which tumor was removed and patient recovered	65	7	72
Cases in which tumor was removed and patient died	28	7	35

**NEWS AND MISCELLANY**

New York has only 600 native American medical men among her 3000 practitioners.

Dr. F. D. Mooney, Clinical Professor of Gynecology in the Missouri Medical College, has resigned.

Dr. Charles W. Ingraham succeeds Dr. H. A. Gee as editor of the New York State Medical Reporter.

Prof. Joseph Jones, M. D., of New Orleans, died February 17th. Prof. Jones was an able teacher of medicine.

The RECORD is pleased to see the standard of medicine rising in the different states, and has hopes for Texas in the near future.

The Chicago University has received a gift of \$1,000,000 from Miss Helen Culver, with which to establish a department of biology.

Professor J. M. Anders and Dr. E. L. Van Zandt have resigned from the medical staff of the Philadelphia Hospital. —Medical Bulletin.



Dr. J. D. Burch, of Aurora, is now located at La Porte. The doctor has the best wishes of the RECORD for success in his new location.

Professor Daniel R. Brower, of Chicago, has been appointed a member of the Illinois State Board of Health, vice Dr. George Thilo, resigned.

OHIO'S ALL RIGHT.—The Ohio State Senate passed the Practice of Medicine Act Wednesday, February 10th. We most heartily congratulate the medical profession of Ohio.

The editors acknowledge receipt of invitation to the Thirty-fourth Quarterly Meeting of the Austin District Medical Society held at Austin on the 19th of March.

The College and Clinical Record will be hereafter known under the name of "Dunglison's College and Clinical Record," a monthly journal of practical medicine.

An epidemic of typhoid fever has broken out in Elmira, N. Y. Health officers say that it is directly traceable to contamination of the Elmira drinking supply from Corning sewage.

Look out for surprises this spring. We predict that the Missouri Board of Health will not recognize diplomas issued by Iowa and Illinois Medical Colleges.—Tri-State Medical Journal.

At the next regular meeting of the Houston District Medical Association, which will occur on April 13th, Dr. N. J. Phenix will read a paper on Typhoid Fever. The entire profession of the city are invited to attend this meeting.

Dr. Thomas Taylor, of Washington, D. C., has been awarded a gold medal by the International Society of Hygiene in recognition of the value of his investigation of butters, fats and mushrooms in the United States.—American Medical Review.

The Congress of the United States, which has control of the affairs of the District of Columbia, has authorized the organization of a post-graduate medical school in the City of Washington. The capitol of the country already has two under-graduate colleges.

Dr. Thomas S. Powell, of Atlanta, Ga., founder of the Southern Medical College, recently passed from the scene of his labors. Dr. Powell had practiced his profession in Atlanta for forty years. He was president of the college at the time of his death.

Dr. A. F. A. King, Professor of Obstetrics in the Columbia University, has tendered his resignation from the staff of the Columbia Hospital because he would not countenance the unjust treatment of a co-member of the staff by the lay members of the Board of Directors.

Nineteen Hundred and One is the date fixed by Harvard University for inaugurating a new departure in medical education. They propose, after this time, to allow no one that does not hold a literary degree to matriculate in the medical department. This may be looked upon as in the nature of an experiment, unless Harvard wishes to make the degree of M. D. take the place of A. M. If the latter alternative is his object, Harvard is undoubtedly not ashamed of the present requirements for M. D. If she is experimenting upon the genius of a medico-literary aristocracy we are much afraid she is doomed to disappointment.

THE TEXAS STATE MEDICAL ASSOCIATION.—As previously announced, the Texas State Medical Association will hold its twenty-eighth annual meeting in Ft. Worth, April 28 to May 1, inclusive. The President, Dr. P. D. Coleman, informs us that judging from the reports received from various parts of the State, the attendance will be large, and an unusual interest will be taken in the meeting.

There is some important business to be transacted. One of our greatest needs is a better law regulating the practice of medicine in Texas and probably the greatest hindrance to its enactment is a lack of co-operation in the medical profession. Active steps will be taken during this meeting to frame an acceptable medical practice bill to be introduced in the next legislature. All physicians in good standing are earnestly requested to attend this meeting, and unite in the efforts to advance the interest of the medical profession.

## POETRY.

## Troubles That are With Us.

The coal dealer died of colitis,  
 The twine-maker had the cord-ee,  
 The farmer's attack of oat-itis  
 And rye-neck was painful to see;  
 The wheelman went blind with cyclitis,  
 The bridge-builder suffered from piles,  
 The servant girl had Sal-pingitis,  
 And the cook was all covered in biles.  
 —Southern Medical Record.

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He kicked the moment he was born,  
 In a stalwart, lusty cry,  
 He kicked and howled in his babyhood  
 Till the neighbors thought they'd die.  
 He kicked when first he went to school,  
 And he scratched the nursemaid, too.  
 He kicked on his college foot-ball team—  
 Yes, he kicked his whole life through.  
 He kicked right hard in politics,  
 Though he didn't often vote,  
 And he kicked at the way the choir sang,  
 Though he couldn't sing a note.  
 He kicked the bucket finally,  
 And nobody mourned, you bet!  
 But unless his legs have been burned off,  
 He is probably kicking yet.  
 —Somerville Journal.

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He read that germs were in his food,  
 That microbes filled all clothing;  
 That water held a deadly brood,  
 So turned from it with loathing.  
 Bacilli hid in beauty's lips  
 Were wafted on each breath; }  
 And, having scanned these various tips,  
 He gladly welcomed death.  
 —San Francisco Examiner.

## PUBLISHERS' NOTES.

We take great pleasure in calling the attention of our readers to Kiesling's Phosphatic Emulsion. It contains in a happy combination the tissue builders, fat producers, and nerve tonic in a palpable mixture. It is especially recommended in the persistent spring and winter coughs, scrofulous children and in those conditions demanding regenerative processes. Thymoline, also handled by Kiesling, 502 Main street, city, is worthy of the physicians' attention and patronage, who desires a bland, reliable and non-poisonous anti-septic.

'Coca' has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habit, etc. The highly variable character of the commercial drug makes it uncertain however. Robinsons' Wine Coca (see page 7) we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of cocaine being always determined by careful assay.

If you desire your instruments replated, call on or correspond with L. C. Miller, Houston, Texas.

We call attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.

**Trikresolidin.**—Registered—Prepared under the formula and supervision of Dr. F. Mortimer Reeves. The peculiar pathological conditions existing in Rhinitis, Atrophic and Hypertrophic, and post-nasal Catarrh, require something more than the palliative measures resorted to, as a rule, to controvert them successfully. Reaction is positively necessary, and can only be secured by an agent producing a safe, non-erosive, osmotic effect, guarded by sedatives and antiseptics non-irritant themselves. This preparation possesses all these requisites. Literature sent on application. Prepared strictly for physicians' use. Meyer Bros. Drug Co., Sole agents, United States and Canada, St. Louis and New York.

# Southwestern Medical Record.

A MONTHLY JOURNAL OF PRACTICAL MEDICINE AND SURGERY.

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## ORIGINAL COMMUNICATIONS.

### Reflex Headaches of Nasal Origin.\*

BY J. ALOYSIUS MULLEN, M. D., HOUSTON, TEXAS.

The object in presenting the subject of reflex headaches due to nasal irritation, is 1st, to induce a more genuine appreciation of this kind of irritation as a common cause in the production of migraine, or headache; 2nd, to direct attention to the application of a method of differential diagnosis which will generally differentiate a hemicrania due to nasal disease from one depending upon some other point of irritation for its existence; 3rd, to demonstrate that this class of headaches does not occur in rare and isolated instances but that its presence is almost ubiquitous.

Rudolph Ferder of Leipsig, † as long ago as 1869, called the attention of the medical profession to the intimate connection between intra-nasal diseases and migraine; but the full credit of developing the observation entirely belongs to

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\*Read before the Houston District Medical Association, March 9, 1896

†Burnett's System Ear, Nose and Throat, p. 131.



Voltolini, who in 1871 tore a megatherian rent in the curtain of mediæval ignorance and superstition, permitting the refulgent rays of clinical wisdom to shine and render productive the trend of modern medical thought and rivet the attention of the profession upon the resultant neurosis of nasal irritation and render more audible the works of modern clinical rhinologists, so that even to-day the reverberation of their observation are being re-echoed throughout the entire medical world.

Johann Jacob Wepfer†† in 1728, crudely recognized the clinical significance of the connection between hemicrania and nasal pathological phenomena, and he furthermore concluded that headaches arising from this source were entirely dependent upon the swelling of the spongy tissues of the turbinated bones. Numerous observers have and are still sustaining the premises of the earlier writers in the observation of the cause and effect between headaches and nasal diseases. John N. Mackenzie,††† in his "Historical Study of Nasal Reflex," observes that in the writings of Plato, Hippocrates, Aristotle and Galen, there are passages which would seem to suggest that these writers slightly suspicioned the connection between the nose and certain nervous manifestations.

In over 300 cases of migraine, or sick headache, reported by Hock, Schaeffer and others, 60 to 70 per cent were cured by intra-nasal treatment.‡

Coupard and Saint Hilaire record 21 cases of neuralgias, headaches and migraine, dependent upon nasal affection.

The following series of cases is presented with the object of fully illustrating the symptoms almost pathognomonic of reflex headaches of nasal origin.

Case I.—M. L., female, age 23 years, a bookkeeper by occupation. For a number of years she had suffered more or less constantly from supra-orbital and temporal headache. Two years before consultation her eyes had been examined and at the time full correction given with the relief of the neuralgia on the right side and also an appreciable obtundity of that on the left side. Shortly after, the left temporal and supra-orbital regions became very sensitive and periodically

††Loc. Cit., p. 102.

†††Loc. Cit., p. 102.

‡Burnett's System, Ear, Nose and Throat, p 131, 132.

subject, as formerly, to attacks of migraine. Mydriatic examination elicited more hypermetropia and hypermetropic astigmatism, which on being fully corrected did not abate the left sided hemicrania. An examination of both nasal chambers showed the right cavity to be normal and revealed in the left chamber hypertrophic rhinitis, with the middle portion of the middle turbinated bone very much enlarged, exerting decided pressure upon the septum, which pressure was intensified by a bony spur jutting out from the latter. The application of a 5 per cent sol. of cocaine to the abutting turbinated tissue retracted it and immediately stopped the neuralgia. In a few hours the thorough removal of both enlargements permanently cured the hemicrania, from which she had been a sufferer so long.

Case II.—W. H. H., male, aged 21 years, by occupation a clerk, gave the addended history: Ever since his tenth year he had suffered almost constantly from supra-orbital neuralgia, which invariably began in the morning, just as soon as he awoke, as a throbbing pain over the supra-orbital ridge on the left side and gradually extending to the temple of the same side, finally radiating and involving the whole scalp. V. in both eyes was 15-15. Examination of the left nasal cavity disclosed occlusion of the middle as well as the superior meati at their post nasal extremity. The middle-inferior and middle-vaultic portion of the middle turbinated bone were greatly hypertrophied, closing the middle and superior meati; between the turbinated enlargements there was a pyramidal-shaped nasal spur. Ten days after complete excision of the hypertrophic tissue and exostosis there was complete cessation of the headaches from which he had suffered for 11 years.

Case III.—Mrs. B., aged 23 years, always enjoyed excellent health with the exception of irregular attacks of right sided hemicrania, paroxysm lasting from two to four days, confining her to her bed more or less during the time. Anorexia and nausea were also associated and at times quite marked. After four years she had become somewhat reconciled to her headaches. A mydriatic examination showed hyperopia and hyperopic astigmatism; the correction of the same did not modify the neuralgic seizures. A similar

condition of the right nasal cavity was found as obtained in the obstructed nares of case I and II. The removal of the parts necessitated the administration of chloroform. The case was treated for two months after operation before the sore and sensitive feelings on the right side of the head could be made to disappear.

Case IV.—Mr. E. G., aged 32 years, avocation business manager. He complained of deafness in the left ear of four weeks standing. An examination of the left nasal cavity showed an enlarged middle turbinated filling the middle meatus and a bony shelf on the septum in the inferior meatus running posterior for about one inch and a half. Functional as well as ocular examination suggested diagnosis of subacute catarrhal inflammation of the eustachian tube and tympanum and the cause of the same very apparent in the obstructed left nasal chamber. He also stated that ever since his fifth year he had had periodical attacks of left migraine; his sister being likewise effected, but cured by a nasal operation. He was requested to call when he had an attack of hemicrania, on which occasion its nasal origin was unmistakably proven by the complete cessation of the attack at its height by a pledget of cotton saturated with 5 per cent sol. of cocaine.

A pledget containing menthol solution was interposed between the pressing surfaces and permitted to remain there. For four months he was treated in this manner with no return of headaches. He has since been operated upon with satisfactory results.

Case V.—Mr. P. T. A., clerk, consulted for relief of an attack of migraine, which lasted continuously for one week, with nightly exacerbations. The whole left side of the face was involved, the pain extending to the filaments of the superior and inferior dental nerves. There was intense otalgia, which was also worse at night. The membrana tympanum and external auditory canal were devoid of evidence of inflammation. Illumination of the left nasal chamber showed an intensely corrugated condition of the septum, with hypertrophic enlargement of the middle as well as the inferior turbinated bones, with pressure of both upon the septum, producing almost complete occlusion. The impinging hypertrophic tissue was retracted by the action of cocaine with

cessation of all acute pain, soreness of the parts disappeared under galvanization of the fifth nerve through the sympathetic. He was treated for one week, operation refused.

Case VI.—Miss W., aged 17, had suffered for five years from periodical attacks of left sided supra-orbital and temporal neuralgia; a paroxysm was aborted by the line of treatment above described. There was pressure of the middle turbinated upon the septum, operation refused; cotton pledget left in situ. Neuralgia did not return as long as the parts remained separated. The attacks were induced or made worse by a “fresh cold.”

Case VII.—Mrs. S., aged twenty-four years, who had been a sufferer for the past four years with severe attacks of right-sided neuralgia. The right nasal cavity contained an enlarged middle turbinated bone. Her headaches have been temporarily relieved for the past two years while under treatment. An operation had been refused until a short time ago, when the removal of the offending parts had been followed by cessation of the headache. The paroxysms were either induced or made worse by an acute coryza.

In reference to the differential diagnosis of migraine, or sick-headache, depending upon nasal irritation and that due to other causes, there are certain characteristic symptoms which, with some experience in diagnostic differentiation, become almost unmistakably pathognomonic, pointing to their nasal origin and rendering an accurate diagnosis quite an easy matter.

In cases I, III, IV, VI and VII, the histories elicited the fact that the headaches were either induced or made much more intense by an attack of coryza. In case II, only the beginning of a series of attacks was associated with an acute cold in the head, the unvarying recurrences were not preceded by any symptom of nasal engorgement, except a full constricted feeling at the seat of nasal pressure.

The attacks in cases I, III, IV, and VI, were preceded by a full, changing into a throbbing sensation in the supra-orbital and temporal regions. In case II, the morning attacks were not preceded by any prodromal symptoms except on infrequent occasions.

In none of the cases did vitiated or prolonged use of the eyes excite the painful seizures.

In all the cases there were associated symptoms of functional gastric disturbances. Nasal inspection revealed hypertrophy of the turbinated mucous membrane in all the cases, with septal spurs present in five cases. In cases I, III and VII, the neuralgia was on the same side as the nasal obstruction; in cases II, IV, V and VI, the migraine was likewise located on the same side as the pressure, i. e., on the left.

Occurrence.—In cases I, III, VI and VII, the paroxysms occurred regardless of specific time and were not associated with or apparently dependent upon either normal or abnormal menstruation. In case I, only, did the neuralgia persist in the selection of the morning hours for its appearance.

Sex.—Four cases were females and three males.

Age.—All the cases were young adults with exception of case V.

After all, the most valuable method of distinguishing between reflex-nasal headaches and all other varieties of headaches is by ocular inspection of the nasal cavities; and if the hemicrania be mono-lateral, suspicion should be directed to the nasal chambers of the affected side and a careful examination of the same made. The use of the following should be supplemented to the inspection. It is by no means original with us, though we have used it for a long time with very gratifying results, and can answer for it being exceedingly useful for all practical purposes, and hence we would strongly advise its use in any given case where the diagnosis is difficult and where one element at least can be eliminated which might otherwise prove a source of error.

The object is to produce a temporary or permanent separation of the impinging hypertrophies upon the nasal septum, removing the existing pressure upon the nasal nerve or its filaments in their descent upon the septum, and thereby relieve the reflex-nasal headaches from which the patient is suffering.

Adjust a Gleason or any other appropriate speculum in the anterior nares so as to obtain a full view of the nasal chambers, and then thoroughly apply a 5 per cent solution



of cocaine to the abutting turbinated bones from their anterior to their posterior extremities until it is possible to freely pass a small pledget of cotton saturated with cocaine sol., all along the nasal septum from the anterior to the posterior nares, and from the inferior to the superior meatus. If this can be accomplished, and the patient have been suffering from mono or bilateral neuralgia and the cause have been relieved or stopped, the probabilities are strongly in favor of the hemicrania having been dependent upon nasal irritation induced by pressure on the nasal nerve. Frequently it is not possible to produce sufficient retraction of the cavernous tissues of the turbinateds by the application of cocaine solution to admit of a passage of the pledget of cotton for the presence of a bony spur jutting out from the septum: under these circumstances, more or less force is necessary to effect a separation of the impinging surfaces and the introduction of the cotton—this procedure in the majority of cases will stop or modify the headaches, providing of course they are of nasal origin, and if the cotton be allowed to remain in situ, separating the pressing surface, the neuralgia will not as a rule return as long as it remains there.

In this connection it should be remarked that all septal spurs and hypertrophies of the turbinated mucous membrane, or even polypoid growths, do not cause neuralgia, or migraine, as evidenced by some experience in making nasal examinations.

Frequently nasal chambers are seen in which an examination reveals abnormalities in size and shape of the nasal cavity with one or more pressure points and still there are no reflex neuralgias of the 5th nerve, nor are there any reflexes of its numerous fibers of communication.

The point to which I most earnestly desire to draw attention is this: even if there are spurs, or hypertrophies in the nasal chambers, and their presence produces no reflex symptoms either of the eye or any of the branches of the trigemines, nor where there are no evidences of any interference with the supply and proportion of the air for the throat and ear, and where nasal breathing is fully compensatory, for they should under no circumstances be interfered with, simply because they are present.

**Case of Vaginal Hysterectomy for Complete Procidentia Uteri, Complicated by a Dermoid Cyst of the Ovary, by Prof. Goffe.**

This case afforded an opportunity for the most perfect ocular demonstration of vaginal hysterectomy. Fully one-half of the uterus was protruding through the vulva, and the remainder of it was easily dragged down as the operation proceeded. The placing of the ligatures upon the uterine arteries and even on the ovarian arteries, at the top of the broad ligaments, was clearly seen.

There were two most interesting and instructive features in the case:

One had reference to the method of removing the cyst. To accomplish this, in tying off the broad ligament on the left side, where the dermoid cyst was situated, the operator did not free the uterus entirely from its attachments of the cyst, but by forcing his finger through the attachment of the cyst to the broad ligament, he was able to secure the ovarian artery, and, at the same time, leave the cyst attached by an ovarian ligament to the horn of the uterus. When the broad ligament was cut away, this attachment served as a means of dragging the cyst down into view, and easy access. The cyst was thus easily tapped and drained and the sac withdrawn without any difficulty.

The second interesting feature of the case, was the method of obtaining the support for the anterior and posterior walls of the vagina. This was accomplished by stitching the posterior wall of the vagina, where it was severed from the uterus, to a corresponding point on the anterior wall by a single strong catgut ligature. The ligatures that were applied to the ovarian arteries having been left long, and holding in their grasp the round ligaments, all the structures at the upper border of the broad ligament on each side were then dragged down into the vagina and tied to each other across the upper part of the vagina, with the expectation that they would there become adherent to each other, as well as to the raw surface at the upper end of the vagina, and so act as a permanent support.

This was the second case in which this manœuvre had been adopted by the operator, the first one proving most successful, with the result that the woman, whose uterus and vagina, previous to the operation, were entirely outside of the vulva, had the parts thoroughly retained within the pelvis, and was so thoroughly supported that she was able to carry buckets of water up and down stairs four weeks after the operation, in the capacity of scrub-woman in the hospital.

J. O. WILLIAMS, M. D., Houston Texas.

# Southwestern MEDICAL RECORD.

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## EDITORIAL DEPARTMENT.

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A SALMAGUNDI ON MEDICAL EDUCATION AND MEDICAL LAWS.—This hackneyed and much abused subject, every now and then, bobs serenely up. Like Banquo's ghost "it will not down." The continued agitation of the subject however, we hope, is an earnest of better things—to say aught else were rank sacrilege. But so far the movement has been confined to medical men; at any rate, we have not heard of any great popular uprising in that direction. Where more efficient medical legislation has been obtained, it has been through the influence of a professional lobby. Popular legislation requires no lobby. And it is pretty well fixed in the

public mind that where a lobby is wholesome legislation is blocked, or else class legislation fostered. On this subject of medical laws and medical education we had better "luke a leedle oudt," for the vulgar public is disposed to wink the other eye and say, "it is protection." Of course this is not so—always.

Before proceeding further, on medical education, let us call to mind some well known truths, viz: that only 5 per cent of our boys ever complete their high school course and only 3 per cent, of those that enter our colleges, ever take a degree. This failure to get through is not for lack of money, but brains. In this day of free schools, endowed colleges, scholarships, and people of benevolence, any boy with the wish and brains, can get a collegiate education. Right here it would be interesting to know just how many medical men are college graduates. About 90 per cent of those that enter our best medical schools, whether college-bred or not, graduate. A man without even a high school certificate works side by side with the collegian and graduates in three or four years, with equal honors. He may know very little about chemistry but still he secures the title; and then—goes forth to learn.

I can say, without fear of successful contradiction, that any college-bred man who cannot secure an M. D., in two years, is a disgrace to his Alma Mater. He will study twelve to fourteen hours a day, and not kill time as our trans-Atlantic brethren do, who study two hours per day and spend the remainder at cricket or in the beer garden. The three or four-year terms are for the men that lack preliminary education. The uneducated ones, however, when put in active practice will distance the collegian, i. e., if success is any evidence. How many prominent men in the profession can write a literary degree after their names? Where do we get the most of our health officers, chief surgeons of railways and

college professors in our medical schools, but from the, at first, unlettered class? This is a huckleberry for you. These unlettered M. D's. go to college with little knowledge of books, but with an immense knowledge of human nature. They spend three or four years at a medical college and gain a smattering of books and a still larger knowledge of human nature. And what is personality, more or less, than a knowledge of human nature? These non-college-bred men are the ones who raise the greatest cry for better medical education. They deplore their lack of college lore and advise others to do as they say, and not as they have done. These men forget that letters make a full man and thinking a wise one. They forget that their knowledge of human nature, in a practical way, is worth a great deal more than book knowledge.

A greater part of the minutiae of anatomy, pathology, chemistry, physiology, etc., glide away from one like the Greek and Latin he learns at college; so there is no real benefit, after he has once learned them, to make him continue loafing about college so as to see and hear about some big operation Dr. So-and-So has devised. Graduate them according to the university idea, viz., on what they know, and not according to the length of time in attendance. Sitting on benches, in an amphitheatre, is a poor way to learn practical medicine anyway. It never impresses one like having the case to treat on one's own responsibility. College professors can never tell you how to hold a case, how to treat the family and ward off the friends. Really, who ever heard of a great college professor teaching anyone how to treat little things like fits—probably the first case the young M. D. will be called to see. After five or ten years in general practice, two months at a polyclinic is worth two years at a four-year school.

A great cry is raised against a multiplicity of medical



schools. The charge is made that they lower the grade of medical requirements, while in fact, I believe it has a salutary effect. All knowledge is not bottled up in a few heads. Some of the rest of us know a thing or two. In the small schools the students come in contact with the professors and learn a great many things that could never come to them in the big schools.

Who ever heard of crying against the multiplicity of other kinds of schools? The conclusion of all this is, the same that many of us reached long ago, viz., medicine is more of an art than a science and it means practice, practice, practice. Some, if you will allow the comparison, are box-car artists; were intended so, always were so, and always will be so. It is only a few that ever rise to the dignity of a Raphael or an Angelo. A physiologist, an anatomist or a chemist may be a scientist, but never an ordinary M. D. Talk about it as you will, "every tub must stand on its own bottom." If one thinks he can "stand" best by an extended medical course, that is his affair, but do not let him try to make a literary college out of a medical one.

Good medical laws nor long medical courses will make a success. It depends upon the man, and all that can mean. Stringent medical laws will not one whit enrich our coffers; for the people that run after the irregulars would not pay us a dollar unless shown, in the dark, the glistening barrels of a pistol.

Before concluding this article I wish to say one word about midwives. They are, as a rule, you know, extremely ignorant, and yet we suggest practically nothing to ameliorate the sins of ignorance against unborn humanity. Would it not be more humane to protect the unborn babe than legislate about those old enough to protect themselves? Parturition, is confessedly, one of the most important conditions we are called upon to treat. It is a condition, when mis-

managed, that is attended by more dire and disastrous consequences, both to mother and child, than any other branch embraced in medicine. What has been done for them? Practically nothing. Are we going to still leave it to the good Lord to help the helpless? Consistency! Consistency!! Consistency!!!

R.

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AN ANTITOXIN FOR ENTERIC FEVER.—“Professor Benmer and Professor Peiper, of Greifswald, have produced an antitoxin, for enteric fever from the sheep after the method used by Professor Behring for his diphtheria antitoxin. The experiments are not published, but Dr. Borger, assistant physician to the medical clinic of the University of Greifswald, has issued a preliminary notice giving an account of the results hitherto obtained.”

The above is another foreign ‘fake’ for the American physician. When will we quit nibbling at this foreign bait? Only when the foreigners run out of the animal family upon which to base a new one, or will it be only when the demand for serum fads is supplied by home productions?

The next antitoxin we may look for will come in the serum of the goat or the dog. If the theory of ‘*Similia Similibus Curanter*’ had stood the test of time, what a potent therapeutic agent we would have had in dog serum for a portion of mankind.

Of medical fads there is no end. The constant stream of these fads dumped on the American market, where they are boomed for all that is to be got out of them in notoriety or in dollars and cents, is suggestive of a high state of professional credulity or an enormously developed cupidity, or both. Antitoxin and animal serums do not cure, nor lessen mortality, but increase the death rate from the diseases for which they are given, as the conscientious talent of the profession and the journals now acknowledge.

We do not mean to discourage research and original investigation; far from it. We believe in encouraging the progress of medicine and the progressive man, and it is in this spirit that this is written. But when the best men of the profession, conscientious men, not dollar men, have pointed out the evils of a practice it is time to stop, and not follow the fadist, to whom notoriety and greed of gain has become as the breath of life. We say it is time to stop and not go on murdering mankind, as instanced in the case reported in the Chicago Medical Times, where Dr. G. B. Rockwell fell a victim to the board of health.

We well remember hearing a warning given by Dr. Emmett, of New York, about two years since in regard to fads. He said, "beware of fads; be cautious, thinking men; remember the fad is the female ovary now, and it may be your testicles next; beware of fads." And we have seen his statement verified—the surgeon is after the testicles now for prostatic troubles.

The careful, thinking, conscientious physician will not use an antitoxin or serum on a patient that he would not be willing to have placed in his own flesh to circulate through his own vital organs. Remember, these fadists are ignoring nature's safeguard, nature's laboratory of life, the gastro intestinal tract, as a means of entering the circulation. B.

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DR. T. FILLEBROWN (Dental Cosmos) has invented an apparatus for ether or chloroform inhalation that has every evidence of being practical. Its special field of usefulness is in operations about the mouth or face. The apparatus consists of a bellows to force the air through an ordinary twelve-ounce wash-bottle; which in turn has an outlet through a rubber tube to the face of the patient. The distal part of the rubber tube is piped with a bent metallic end so as to

enable the anæsthetizer to be out of the way. It is not brought into play until the patient has first been thoroughly anæsthetized and a mouth-gag fixed in place. He claims that it has been a success in his own and other's hands. R.

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## CORRESPONDENCE.

Houston, Texas, April 1, 1896.

To the Staff, S. W. Medical Record:

In token of willingness to abide the time with patience—"to do unto others as I would have others do unto me"—as one of the new comers, I accept your right hand of fellowship so warmly extended as disclosed in the throbbing bosom of your three months old, a copy of which I have just received; which though so young of days, yet from the sprightly development already exhibited, challenges many that have attained a like number of years, which indicates the appreciation of the fact by its founders that medical journalism is very like the "over full pint cup," as is the supply of our profession, yet I think the time for your enterprise has arrived to full term and if the practical plan entered upon be strictly adhered to, you will have just reason to expect success.

We are to some extent creatures of circumstances, professionally as otherwise. The medical journals we read are the mold of our intellectual stature, as the "shadowgraph" of our usefulness. As gleaners, therefore, in the great field of medical literature, first cast out the "tares" and foreign seeds, submitting the workers to appropriate only the mature kernels of practical American medical axioms.

We may not be so successful as to occupy one of the "few unoccupied seats" you so cheerfully point to; yet in event of failure we know that,

"Who does the best his circumstances allow  
Does well, acts nobly, angels could do no more."

We accept the brotherly hand, so generously extended,  
but at the same time we do not forget the injunction,

“Call not on Hercules for help; his aid  
Ne’er serves the man who will not serve himself.  
Thine own arms must the conflict meet,  
Thy purpose being the victory.”

I have just closed one score years as a private in the ranks of Texas medicine, and now, among strangers, the start upon another span in life (be it long or short) as private advanced, is undertaken, and in the absence of an X Ray instrument to divine my relationship with the future, I as quietly fall in line, and as heretofore am ready to accept the changes incident to a doctor’s life, determined to make the best of it possible and notwithstanding sickness of my family and self, which fact I do not attribute to local causes, I promise to report at your headquarters for an honorable discharge before taking leave of absence.

Yours in the work,

NEW COMER.

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#### Health versus Intellect.

The ill effects of a sedentary life, though not in childhood so immediate, are much deeper and more lasting than in later years. Statistics show plainly that city families die out and are constantly replaced by hardier stock from the country. The secret is contained in two words, air and exercise. The problem of civilization is largely how to obtain these two God-given blessings, and at the same time the advantages of contact with their fellow men which accrue to those who live in cities. Sound and undegenerate bodies depend more on the conditions which obtain during school-life than do well-trained minds. Not much science, but common sense is needed to determine whether the conditions in any school are adapted to maintain rather than to vitiate the health of the pupils.—Cleveland Journal of Medicine.



## SOCIETY PROCEEDINGS.

**Pencilgraphs of the Texas State Medical Association, 1896, at  
Forth Worth, Texas.**

A corporal's guard greeted President P. C. Coleman when the association was called to order at 11 o'clock Tuesday, April 28th.

This is an old man's association, gray heads being distinctively in evidence. Some of the boys from the "neck of the woods" are here. Fort Worth, however, had turned the city over to young and old, back numbers and up-to-date young men; with a cordiality characteristic of her people.

The fierce looking but indeed very mild secretary, Dr. West, opened the long list of papers in a brief but pointed statement of what is known on diphtheria. He believes in antitoxin treatment with a vim, others to the contrary notwithstanding.

Dr. Peterson from New York (what brought him here we don't know) read a paper on "What is New in Therapeutics of Nervous Diseases." What he said in the main is not new, but simply a new way of applying a suggestion. One statement made by him is worthy of trial, viz: 10 to 15 per cent of tetraethylide of ammonia in 10 to 15 drop doses for solution of uric acid calculi. This suggestion is due to Edison.

It is a wonder some of the papers have not burned with spontaneous combustion; they are anyhow full of old straw.

Our worthy editorial friend, Dr. Daniels, from the City of Hills, is here, and his accustomed congeniality and good fellowship are not in any way covered by his enormous India hat.

All our professional brethren from the "forks of the creek" have not come loaded for bear, but are evidently loaded for something or looking for something to load.

Texas Medical journalism is fully represented at the meeting, so look for editorials, original essays, cullings, etc., ad libitum when the printer's "devil" gets possession of the type.

The representatives from Houston are working hard to bring the state meeting to Houston next year. The outlook for the Magnolia City is very promising.

## WEDNESDAY, APRIL 29th—SECOND DAY.

The complexion of the association has changed to-day, young men are now in evidence everywhere. Dr. Bacon Saunders, the gentleman that says "physicians are the salt of the earth," is constantly on the alert, looking after the comfort of everybody.

Three hours on Tuesday and two hours on Wednesday were spent on medical legislation, revising the constitution and by-laws of the association and on the code. This great waste of time caused much dissatisfaction among the young men who came to hear and discuss scientific subjects, and not to pass worthless resolutions and memorials for the legislature. If the association expects to prosper some difference will have to be paid to the wishes of those who wish scientific and not political discussions.

Dr. J. A. Mullen of Houston read an interesting paper on "Medical Education," the special features of which were an uniform entrance examination, a fixed and general course of study all over the Union and a national examining board which only shall have power to issue license to practice medicine in any state.

Dr. P. C. Coleman was the recipient of many congratulations on the way he acquitted himself in his annual address.

The bill to regulate the practice of medicine in Texas, as drafted by the committee appointed at the last meeting of the association at Dallas, was accepted and approved by the association and handed to a committee of five members, whose object shall be the passage of the bill before the house and senate.

The board shall consist of twelve members, six regulars, four homeopaths and two eclectics.

The resolution offered by Dr. McLaughlin to request congress to assume control of our health and quarantine matters was passed by a large majority.

## THIRD DAY.

This chameleon body greets us to-day with new faces, new names and about one hundred and fifty in attendance.

Dr. Stoddard of Pueblo, Colorado, is in attendance. He had suffered a fracture of one of his vertebra, and consequently

wears a jury-mast. He makes quite a conspicuous figure moving about the hall. One of the handsomest men in attendance is Dr. Crawford of Tennessee.

Treatment of diphtheria raged to-day thick and fast. Many and varied were the opinions expressed. Dr. West of Fort Worth is an enthusiastic advocate of antitoxin. He says 95 per cent of healthy people have kleb-loeffler bacilli in their mouths, yet only a small per cent ever develop the disease. All the speakers lost sight of the fact that the virulence of any bacillus is dependent upon its media, the temperature and other bacilli associated with it. Some medical terms are more than a monthful for some M. D.'s.

The eye men have been badly treated at this meeting. They should have been given a separate room so that their proceedings might be conducted with benefit and in a measure repay them for the expense of attending.

An effort to journalize the proceedings was aborted. In fact, anything that looks like a deal is apt to abort in this association.

One thing that stands out prominent is that the patriarchs are ever prone to resolute and resolve about medical legislation and memorials to the legislature, while the young men want to discuss and hear papers.

The meeting so far has been harmonious, and, so say those who claim to know, the best they have had in some time.

Paris, Texas, gets the next meeting.

The new members are as follows:

B. G. Prestridge, Alvarado, Tex.; J. R. Nichols, Greenville, Tex.; H. E. Menefree, Cleburne, Tex.; C. C. Walker, Gainesville, Tex.; J. S. Turner, Granbury, Tex.; J. H. McCracken, Mineral Wells, Tex.; R. F. LeMoud, Denver; Prof. Crawford, Memphis, Tenn.; G. R. Faher, Bryan, Tex.; J. W. McFall, Lipan, Tex.; R. L. Decater, —; S. G. Bittneck, Ringold, Tex.; A. O. Scarborough, Snyder, Tex.; J. H. Smart, Dallas, Tex.; E. E. Novell, Bynum, Tex.; H. R. Sedberry, Clifton, Tex.; S. J. Frashany, Norse, Tex.; W. A. Wood, Hubbard City, Tex.; B. H. D. Hill, Dawson, Tex.; W. M. Yandle, —; I. L. Kennerd, Galveston, Tex.; T. S. Burth, Ardmore, I. T.; Jos. A. Mullen, Houston, Tex.; H. I. Starley, Jr.,

Galveston, Tex.; E. B. Blodock, Woodlawn, Tex.; J. H. Hart, Big Springs, Tex.; J. E. Dodson, Vernon, Tex.; Ernest McMahon, Marshall, Tex.; C. M. Yates, Grand View, Tex.; G. F. LeGrand, Graham, Tex.; E. A. Woldart, Tyler, Tex.; I. F. Smith, Mexia, Tex.; D. S. Reid, Wortham, Tex.; V. H. Hulen, Galveston, Tex.; T. N. Self, Irshna, Tex.; J. J. Eargle, Proctor, Tex.; T. J. Dodson, Bartlett, Tex.; W. F. Chambers, Austin, Tex.; J. A. Cozby, Azle, Tex.; H. C. Gilbert, Smithfield, Tex.; R. E. Myers, Kemp, Tex.; W. T. Baird, Dallas, Tex.; W. B. Henderson, Meridian, Tex.; W. G. Kimbrough, —; Jos. Alexander, —; D. N. Shropshire, —.

#### FOURTH DAY.

The social functions last evening at Drs. Fields' and Saunders' were well attended and much appreciated by the members.

The visions of loveliness at these receptions, all radiant in pink, white and blue, made the old disciples of Hippocrates forget the faithful wife and dimpled babes at home and go whirling around to strains immortal, in a way little suggestive of "staid pil and lancet."

Twenty-five or thirty were present this morning when President Coleman called the association to order. The badges have almost disappeared from the street, and only the faithful few remain to transact business at the end of the session.

The eye men have at last, to-day, gotten a chance to hold full sway. The sway, however, is limited, empty benches being neither enthusing nor inspiring. The average M. D. seems to think the specialty men exist by sufferance, anyhow.

The association made a wise selection in President Loggins. He is an earnest, capable and enthusiastic worker for the good of the association.

According to changes adopted in the constitution at this meeting, Vice-Presidents Denton, Letcher and Cerna will have to select the chairmen and secretaries of the different sections.

The position of orator in a medical association seems to be considered a joke. We can truthfully say this much, that most doctors are miserable speakers.

Dr. R. R. Walker, new chairman of committee of arrangements, at Paris, we bow to you and say, halloa, when you need help.

This session has been most prolific in papers; their scope and practical nature are of such a character as to elicit numerous and valuable discussions.

## OTHER JOURNALS.

## The Young Doctor.

Just now there are many of him—the young doctor. From the numerous medical colleges all over the country he is coming forth in multitudes, in this merry spring time, armed with sheepskin, lecture notes, remedies, and shining instruments, and inspired by professional enthusiasm, self-confidence and the determination to quickly establish himself as the peer of the best in the estimation of an awaiting public. With his certain and rapid cures for most of the ills of the flesh, he is sure that he will soon be able to make a reputation that will throw his practical, but somewhat old-fashioned preceptor, quite in the shade. He has been restive during the last few months of his course, longing to try his powers, quite sure that the world does not know what a great new light is about to burst forth above the medical horizon.

Readers, we have all been there—we know just how it is.

But the young doctor has many things before him besides professional eclat and the homage of a grateful world.

He goes forth dreaming of brilliant major operations, and learned diagnoses—to be completely thrown by his first case of whooping cough, in which he makes half a dozen different positive diagnoses before the stage of “whoop” arrives. In many cases, if he is a square, honest man, he will have to acknowledge that, after all, “Granny” was right.

Many a time will he come home weary and sick at heart, feeling deeply the burden of responsibility he is bearing—the lives of his fellow-mortals in his care—and heartily wishing (for the time) that he had adopted some other—in fact, any other—calling. But then he will look around him and find that his success and disappointments represent about the average, a run of favorable cases will restore his confidence, and a review of the history of the healing art from the earliest ages will convince him that, after all, medical science, but human at its best, is steadily advancing towards perfection.

Young doctor, you are fortunate in the time at which you enter upon your professional career. New ideas, grand truths,



and new forces are being introduced that will make ours far more an exact science than ever before. Young doctor, you must master these new elements of our science—or they will master you. The discriminating public will, generally speaking, patronize the man who keeps himself in the front rank of professional advancement. The door leading to success is labeled “Push,” and the spring is strong, but when once firmly started it opens readily. Well directed study, systematic observation, close attention to details, will be powerful aids to your steady progress.

Ability, however, will avail you little without character. In the life’s run, character will win the race to true usefulness, honor and happiness. Employ tact; talk freely, if you wish to expose your weakness or to make enemies; listen well, if you wish to make friends and be thought wise. Never let people see that you know how bad they are. If you show them that you regard them well they will always be on their best behavior in their association with you; thus you encourage the best there is in humanity, and directly increase your own popularity.

God bless the young doctor! We could not well do without him. His lot is to enter the abode of poverty and suffering and earn the gratitude of those who can pay him nothing more substantial. His, to fall heir to all the old chronic cases that have tried successively every one since the settlement was established. His, to be rudely disenchanted by learning that human gratitude is often sadly lacking, and that even professional courtesy cannot always be relied upon when it should be most sacredly observed. His, to toil well and worthily for little reward. If he could view the road and see what is before him would he care to go on? His professional enthusiasm is now a most valuable quality, for it sustains him in his early trials. Let us hope that it may be gradually replaced by a firm, ennobling sense of duty.

Go on, young doctor, to struggle and to conquer. All too soon the lines will come to the face and the whitening locks on the temples, and the young doctor will have become the old doctor, or perhaps the professor.

—Medical World.

### Explanatory Declarations.

The following explanatory declarations touching on the code of ethics are interesting. They are published in the program of the American Medical Association to meet in Atlanta, Ga., May 5th to 8th:

“Whereas, persistent misrepresentations have been and are still being made concerning certain provisions of the code of ethics of this association, by which many in the community, and some even in the ranks of the profession, are led to believe those provisions exclude persons from professional recognition simply because of differences of opinions or doctrines; therefore,

“1. Resolved, That clause first of article 4, in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of differences in doctrines or belief, those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause of the said code of ethics that interferes with the exercise of the most perfect liberty of individual opinion or practice.

“2. Resolved, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper, to assume a name indicating to the public a sectarian, or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.

“3. Resolved, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is a pressing or immediate need of them. On the contrary, to meet the emergencies occasioned by disease or accident, and to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the letter and spirit of the entire code.”

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### Reasons for Antitoxin's Continued Existence.

1. The large financial interest involved. Numerous factories have been erected here and abroad, for the manufacture of

antitoxin. These concerns will not surrender their business without a hard struggle.

2. The enormous amount of free newspaper advertising given antitoxin by a mistaken and credulous press.

3. The pressure brought to bear upon the profession by fauatical health boards.

4. Views of men who occupy bacteriological chairs and their assistants. Such men defend bacteriology and its offspring with zealous devotion. They are talking for their bread and butter.

5. Professional men who employ antitoxin as a sensational leader to obtain practice. Together with those who wish to be in the up-to-date crowd irrespective of the right and wrong of the matter.

6. Influence of the laity who have been misled by glowing newspaper reports into believing that antitoxin is the only scientific or safe treatment for diphtheria. The people are, of course, unable to obtain accurate information on the subject or to judge the question on its merits. If then, the physician is weak enough to allow the family to dictate what his treatment shall be, as many of them do, the honor, dignity and responsibility of the profession become mere empty names, and error is perpetuated.

Are there not enough brave men in the American medical profession to take up the cudgel in defense of right, and resist to the end this subtle invasion of foreignism into the sound and wholesome system of therapeutics built up through American research and clinical experience? If you are not already enlisted in this war of extermination, come forward and take a front seat.—Medical Brief.

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#### **Racial Longevity and Disease Liability.**

1. The colored race is shorter lived than the white, and has a very high infantile death rate; it is especially liable to tuberculosis and pneumonia and less liable than the white race to malaria, yellow fever and cancer.

2. The Irish race has a rather low death rate among its young children, but a very high one among adults, due to a considerable extent to the effects of tuberculosis, pneumonia and alcoholism.

3. The Germans appear to be particularly liable to disorders of the digestive organs and to cancer.

4. The Jews have a low death rate and a more than average longevity; they are less affected than other races by consumption, pneumonia and alcoholism, but are especially liable to diabetes, locomotor ataxy and certain other diseases of the nervous system.—Dr. J. S. Billings in Medical Record.

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#### **Abdominal Section Performed Successfully on an Infant.**

Quite recently at the Post-Graduate Hospital I operated in a case of acute intussusception in a child, aged 3 months, writes Dr. Charles B. Kelsey to the New York Medical Journal. The caput coli was presenting at the anus, and the symptoms had existed only twenty-four hours. A laparotomy was done, the tumor was reduced, and an uninterrupted recovery followed. The case is only remarkable from the fact of recovery from such an operation in so young a child.

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#### **Temperature of the Room in Pneumonia.**

In a discussion upon the treatment of pneumonia as a complication of diphtheria in children Dr. Wm. H. Park (Medical Record) mentioned the fact that at the Willard Parker hospital for the last two years prior to January they had kept the temperature of the wards as high as 80 degrees F., theorizing from the fact that diphtheria was less prevalent in summer than in winter. Doubtless the theory was wrong; it was impossible to have proper ventilation with the temperature at 80 degrees F., and the past five weeks they had reduced it to 70 degrees F., and during this time there had been less pneumonia and more of the cases recovered which did have pneumonia.—Daily Lancet.

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#### **The Effect of a Cannonade.**

Sir William Thompson has recently been making experiments to discover what the effect of a cannonade of quick-firing guns would be on board the vessel firing and the ship subject to the fire. He finds that after fifteen minutes' firing the survivors of the crews of both vessels would be reduced to a state of mental, if not physical, incapacity, owing to the concussion of the projectiles on the sides of the vessel and the noise of the guns.—Scientific American.

## NEWS AND MISCELLANY.

Dr. R. L. Harris, of Fulshear, is reported ill with malaria.

Oliver Wendell Holmes gave the name "anæsthesia" to the profession.

Dr. C. De Witt Hudson, of Waco, was in Houston visiting his brother recently.

The 12-year-old daughter of Dr. Fry, of Galveston, was killed by a runaway team, in that city, April 14.

The naming of "X rays" bids fair to be a much vexed subject. So far, it has been "call them what you please."

The Bertillon system for the identification of criminals has been formally adopted by the police board of the city of New York.

Dr. J. L. Dillard, of Richmond, was in the city the first of the month. We invite the Doctor to call on the RECORD when in Houston.

The American Medical Association meets at Atlanta, Ga., May 5-8, 1896. From present indications the meeting will be well attended.

The University of Paris has closed its doors to foreign candidates for the degree of M. D. where they do not previously possess a literary one.

Dr. R. G. Freeman is responsible for the statement that "it seems probable that 7 per cent of all the cattle in New York State are tuberculous."

Dr. Nathan A. Harris, one of the most prominent physicians of Atlanta, Ga., died on March 6, from the result of an operation for appendicitis.

The microbe of measles is announced in Nature, as discovered by a Dr. C. Zajkowski, of Lithuania. Certainly there ought to be a microbe engaged in so active a contagion as measles.



Bocck, a Dutch authority, so says the Hospital, calls attention to an, until now, unknown property of whale oil, viz., that it restores the vitality of the bacteria.

Music as a hypnotic, says *Lancet*, London, has met with a fair measure of success. If it's a brass band rendition of Wagner, we will take ours post mortem.

The Massachusetts legislature has under consideration a bill compelling patent medicine manufacturers to have their testimonials sworn to before a notary public.

The editors much regret several typographical errors that occurred in our last number, especially of the use of the word incredulity for credulity, in the heading of an editorial.

The Imperial German Health Bureau recently investigated the suitability of aluminum for cooking utensils and found that it was absolutely free from any contaminating influence upon food.

A centennial celebration of the centennial anniversary of the discovery of vaccination by Dr. Edward Jenner, in May, 1796, will be held at the meeting of the American Medical Association, at Atlanta, Ga.

Mrs. A. R. Aspinwall, of Pittsburg, who died in Edinburgh, Scotland, last December, left her entire estate, estimated at about \$3,000,000, to the Hospital of the Protestant Episcopal church, Philadelphia.

Prof. William Osler, of Baltimore, will deliver the principal address on Medicine, and Prof. Nicholas Senn, of Chicago, the principal address on Surgery, at the meeting of the American Medical Association.

**THERAPY OF OXYGEN.**—Macalister (*London Lancet*) has reported a case of uremic coma and one of morphine poisoning, in both of which recovery was apparently due to the administration of oxygen by inhalation.

Dr. Rogers, a French physiologist, has demonstrated the interesting fact that bacilli can bear 45,000 pounds of atmospheric pressure without loss of life and, in some instances, without any impairment of vitality.

Dr. J. W. Scott read a paper on "The Progress of Medicine During the Past Year," at the Alumni Association of Charity Hospital, at New Orleans, on April 14.

**OXYGEN IN DIABETES.**—An Italian physician reports the complete cure of a man who had suffered from diabetes for two years, by inhalation of an average of forty-five gallons of oxygen daily for two or three months.—Ex.

Dr. R. L. Dillard and Miss Lilian Winston, of Richmond, Texas, were married April 22, 1896. Dr. and Mrs. Dillard have gone east to spend the honeymoon. THE RECORD hopes that orange blossoms may never fade for them.

No thinker believes in antitoxin. No man capable of reaching a logical conclusion has given it his endorsement. Antitoxin has been scientifically investigated by the ablest men in the profession here and abroad. One and all condemn it in toto.

Dr. Robert McElroy, the newly elected Health Officer of Houston, is a live, progressive man, and the RECORD hopes to see and bespeaks for the city, reform, in the way of "long felt wants," that are long over-due the city from her governmental management.

A sudden death from the administration of diphtheria antitoxin occurred in this city Feb. 19. The child, who had a mild attack of diphtheria, died one hour after the injection of the antitoxin. The actual cause of the death is not known.—Cleveland Journal of Medicine.

**SANCTITY OF PERSON.**—The Supreme Court of Pennsylvania (in a suit for damages against a railroad) refused to grant an order compelling the complainant to submit her person for examination by the railroad physician in order to determine the truth of her injuries.

Medical education is to receive quite a good deal of attention at the meeting of the National Association. The laws of "supply and demand" is going to materially decrease the medical matriculation in the United States, and the colleges want a longer term of years, and increased tuition, to keep up the revenue.

**BREATHE THROUGH THE NOSE.**—In seeking for a destroyer of the bacillus after it has already commenced its ravages in the system, let us not forget the nose as a germ-destroyer and a protector to the lungs. The nose acts as a sterilizer; the mucus it secretes, while it does not kill the microbes, prevents their developing.—N. Y. Medical Times.

A pavement possessing many valuable advantages is made of sawdust mixed with asphalt and then pressed into blocks. These blocks, when prepared, are laid on six inches of cement, thus giving a solid, noiseless and, to a certain extent, a sanitary pavement. It is in no sense an experiment, for its practicability has been put, in France, to a thorough test.

Natural laws are inexorable, and the results of their operations are often full of seeming sarcasm directed to the puny efforts of man. An instance of the ‘‘eternal fitness of things’’ is the death, recently, by pulmonary tuberculosis, of the manager of a much-advertised Cincinnati cure for consumption. The Record says of him, ‘‘Bluffing to the last.’’—Cleveland Journal of Medicine.

Dr. London, of Berlin, recommends the inhalation of pure oxygen, for a few minutes, after ether anæsthesia. He claims that this will reduce all bad after-effects to a minimum.—T. Parvin, M. D., in the M. and S. Reporter.

It is claimed that a cloth wet with vinegar, when laid over the face, will allay all the bad after-effects of chloroform anæsthesia. We are in doubt as to which we would prefer.

Electric lighting has made numerous contributions to sanitation. Dr. Saunders, medical officer of the London Board of Health, says that it has done much toward making the employes of commercial and manufacturing establishments healthier. ‘‘Faces that were pale and wan from work in gas-lighted basements, stores and shops are much improved since the introduction of electricity. The heat from the gas-jets and poor ventilation are responsible for much sickness.’’ It is also shown that in the same city the electric light has lessened crime.

The Medical Record says (November 16, 1895), "avoid subscribing to medical journals which have not good and well known pedigrees on the sides of both publisher and editor." The Record is asking the profession to pay it five dollars per year for its pedigree, whereas the profession can get many just as good pedigrees for one dollar. 'Tis possible to get a corner on wheat and gold, but the Record can't do it on thought, or medical knowledge.

Dr. Laughlin McFarlane, of Toronto, Canada, died February 29, of septicemia, of less than a week's duration. While operating upon a frost-bitten foot at the Toronto General Hospital he pricked his finger slightly, but paid no attention to it. In 36 hours, however, stiffness and tenderness of the arm appeared, followed rapidly by lymphangitis, diffuse cellulitis, and general septicemia. Dr. McFarlane was very highly regarded by the profession of Toronto, and his loss is keenly felt. This is the third death of a Toronto medical man from septicemia in a month.

Teacher.—The class in serum therapy will please take their places. All those that know what will cure consumption please hold up your hands. That is good. Now, Johnnie, you may answer first.

Johnnie.—Antiphthisis.

Teacher.—No. Next.

James.—Aseptolin.

Teacher.—You boys have been playing entirely too much. Next.

Willie.—Potassium permanganate, acid salicylate ol. morrhuae.

Teacher.—You boys seem to forget this is a class in serum therapy. Next.

Charlie.—Amiek's chemical cure.

Teacher.—Charley, you may stay in after school. Next.

Eddie.—Koch's Lymph.

Teacher.—That is nearly right. Eddie, I will give you another trial.

Eddie.—Bergeon's Sulphureted Hydrogen, the toxin of bacilli.

Teacher.—Eddie you may go up head.

## MEDICAL POETRY.

### The Pace that Kills.

Age of twenty,  
 Girls a-plenty,  
     Wit and wine galore.

Age of thirty,  
 Still quite flirty,  
     Drinking more and more.

Nearly forty,  
 Would be naughty,  
     If he had the vim.

Gone to pieces,  
 Got paresis,  
     That's the end of him.

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### Similia Similibus.

"They say microbes are in a kiss,"  
 Quoth he—their lips had barely parted.

"I am a homœopath," the miss  
 Returned in tone not quite faint hearted;

"In 'like cures like' I put my trust,"  
 Whereat their lips again concussed.

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### The Ruling Passion.

He advertised in everything,  
     Magazines, papers, cars,  
 On fences, rocks and mountains high,  
     And e'en on pasture bars.

He had a space on all programmes,  
     And on the L road stairs,  
 He never let a chance slip by  
     To advertise his wares.

So when death, the great physician,  
     Had cured his many ills,  
 He had an "ad." on his coffin lid,  
     "Take Gripem's Liver Pills."



## PUBLISHER'S NOTES.

We take great pleasure in calling the attention of our readers to Kiesling's Phosphatic Emulsion. It contains in a happy combination the tissue builders, fat producers, and nerve tonic in a palpable mixture. It is especially recommended in the persistent spring and winter coughs, scrofulous children and in those conditions demanding regenerative processes. Thymoline, also handled by Kiesling, 502 Main street, city, is worthy of the physicians' attention and patronage, who desires a bland, reliable and non-poisonous anti-septic.

If you desire your instruments replated, call on or correspond with L. C. Miller, Houston, Texas.

A full line of braces, trusses and deformity appliances can be secured from Dr. D. W. Bartlett, Houston, Texas. Give him a trial and you will be satisfied.

We call attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.

Trikresoliodin.—Registered—Prepared under the formula and supervision of Dr. F. Mortimer Reeves. The peculiar pathological conditions existing in Rhinitis, Atrophic and Hypertrophic, and post-nasal Catarrh, require something more than the palliative measures resorted to, as a rule, to controvert them successfully. Reaction is positively necessary, and can only be secured by an agent producing a safe, non-erosive, osmotic effect, guarded by sedatives and antiseptics non-irritant themselves. This preparation possesses all these requisites. Literature sent on application. Prepared strictly for physicians' use. Meyer Bros. Drug Co., Sole agents, United States and Canada, St. Louis and New York.

“Hockerbrau” is an elegant preparation for convalescents and is also very useful in amylaceous dyspepsia.

# Southwestern Medical Record.

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## ORIGINAL COMMUNICATIONS.

### A Peculiar Case of Rheumatism.\*

BY DR. H. C. CUNNINGHAM, OF HOUSTON, TEXAS.

This case which I have designated as ‘‘Peculiar,’’ I beg leave to explain is not so very peculiar as a case of rheumatism per se; but peculiar in that it was the cause of quite diverse opinions as regards diagnosis.

Under the term rheumatism, perhaps several different pathological entities are included. Anything from a slight soreness and stiffness of any part of the muscular system to a violent and destructive articular inflammation is so called.

It is said that a noted rheumatic charlatan is in the habit of telling his patients that there are sixty-four varieties of rheumatism.

As to the essential cause or causes of this disease we are still at sea. We have the miasmatic, the lactic acid, the uric acid, the bacterial, and the nervous, theories.

There is probably some part of truth in all these theories,

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\*Read before Houston District Medical Association, April 13th, 1896.

for as stated above, there are perhaps several distinct pathological entities or diseases described under the general term of rheumatism; but in the present state of knowledge on this subject it is quite difficult and frequently impossible to draw the line of demarcation where the one entity ends and the other begins.

Rheumatism is quite protean in its manifestations and expressions. The eye, throat, gastro-intestinal tract, endocardium, pericardium, pleura, or most any other organ or part of the economy, may be the seat for the manifestation of the rheumatic poison, and each one of these different organs has its own peculiar way of expressing the same.

The case which I wish to report is one of acute articular or inflammatory rheumatism. This often follows exposure to damp and cold, and may be preceded by an attack of acute tonsilitis, or pharyngitis. The diathesis is hereditary, the same form not necessarily occurring in each successive generation—the slight muscular pains in the parent becoming the violent articular inflammations in the child. It also has been thought to be epidemic, the epidemics occurring irregularly. Young adults are most frequently afflicted, though no age can be said to be entirely free. The inflammation may involve only one joint, though usually quite a number are affected. It is not the rule that the inflammation is at its height in more than one joint at the same time—as it subsides in one joint it sets in at another. One joint may bear the brunt of the disease, others being only slightly affected.

Acute articular rheumatism usually sets in quite suddenly, with or without a rigor, though it may come on gradually. The most startling feature frequently about the beginning of an attack is the sharp, sudden and intense pain located in the joint affected. Effusion rapidly takes place in the joint and it is hot, red, painful and swollen; the inflammation is usually at its height at the end of forty-eight hours. The pain is so great that any jar of the bed or handling of the bed clothing will cause the patient to cry out. You cannot move or manipulate the joint and if it hangs dependent the pain is greatly intensified. Fever is present at the beginning or within a few hours afterwards, and continues during the inflammatory action, ranging from 100 to 104 Fahr. All the

symptoms of an acute febrile disease are present, such as coated tongue, loss of appetite, constipation, acid, scant and high colored urine, thirst and one other symptom which is peculiar to rheumatism—acid, sour smelling sweats.

All these symptoms usually subside gradually. The fever abates, the tongue cleans off, appetite returns, urine becomes more copious and less acid, the pain and swelling about the joints gradually depart. These improvements set in anywhere from one to six weeks. As a rule resolution and absorption promptly take place and the joint assumes its normal and healthy condition, though a stiff and partially ankylosed joint is not so very infrequent.

About the last of October, 1895, a young man about 20 years of age came to my office complaining of severe pain in the right elbow joint. I was not in my office at the time, and a medical friend who has offices in the same building, examined the case, prescribed an anodyne and sent the patient home. I came in a few minutes later and the doctor informed me of the case. He stated that he had examined the joint and had found no deformity or any evidence of traumatism whatever and that he thought it was rheumatism. I hastened out to see the patient and found him in such agony that I at once gave hypodermic of morphia. On examining the elbow joint, the point where so much pain was complained of, I could find nothing wrong or unusual, except that the patient had severe pain which was increased upon manipulation of the joint. There were no appreciable swelling and no deformity. The motions about the joint were perfect, only they caused an increase in pain and were resisted by the patient. On inquiry the following history was elicited: The day before he had been engaged in the manly art of boxing and was immediately afterwards chilled by standing in the cold and damp, but he went to his work next day as usual, feeling quite well. Very suddenly, while lifting his hand from his pocket, he felt a sharp cutting pain in the right elbow joint which had persisted and increased. I also learned that only a few days before he had complained of an attack of acute pharyngitis, which recovered suddenly and without treatment, and that such attacks of acute tonsillitis and pharyngitis were not unusual with him. I also found that he had

been a sufferer from asthmatic attacks. I myself saw him in one or two of these attacks; they usually followed upon the track of a sudden change in the weather, such as one of our northers. His father also was afflicted with occasional attacks of muscular rheumatism; in fact, this patient presented the typical rheumatic diathesis which he inherited from his father, whom he very much resembled.

In making a diagnosis, acute localized neuritis, dislocation of the ulner nerve, dislocation of the bones of the elbow joint, traumatism about the joint, idiopathic synovitis, and acute articular rheumatism were considered. As a reason for considering localized neuritis as a possible diagnosis, I will state here that the intense pain complained of was located and chiefly confined at first directly over the ulner nerve, where it runs in its groove behind the inner condyle of the humerus: or in popular terms, over the funny or crazy bone; but in acute neuritis, the swelling would have been slight and confined to the course of the nerve involved. A dislocation of the ulner nerve can be dismissed, from the fact that the nerve could be felt in its notch behind the inner condyle of the humerus. A spontaneous dislocation of the bones of the elbow joint was excluded, from the fact that there was no deformity, and that all the motions of the joint could be had perfectly. You will remember that there was no swelling at this time, so that any deformity could have been easily detected. There was no history or evidence of any traumatism whatever.

As regards a diagnosis between idiopathic synovitis and acute articular rheumatism, the weight of evidence is all in favor of rheumatism, as we have the rheumatic diathesis, and, as the history of the case clearly indicates.

Within a few hours after the onset of the disease, swelling about the joint could be noticed. At the end of 24 hours it was quite appreciable, and after 72 hours it was very great, involving the tissues around, above and below the joint. Fever set in after a few hours and ranged from 100 to 103 degrees Fahr., and was rather irregular throughout the disease, as it was perhaps influenced by the medication used. There was loss of appetite, a coated tongue, constipation, thirst, acid, high colored scant urine and acid sour-smelling sweats. The chief pain was in the elbow joint, though the joints of



the wrist, hand and fingers became involved after the first week. The inflammation involved the sheaths and tendons of the muscles about the joint. The pain was very great even a breath of air would cause the patient to cry out.

For treatment, I first ordered a calomel purge and 60 grs. of acid salicylic each day. Some opium was given as required to relieve pain, also of the coal tar preparations. After a few days I stopped the acid salicylic and gave the alkaline treatment. Locally I painted the part with tr. iodine and enveloped the arm bountifully in absorbent cotton, over which I securely bandaged snug-fitting pasteboard splints. This splinting of the arm from the tip of the fingers to near the shoulder gave him great comfort, and when the dressings became foul, which was quite frequent, from the acid sour-smelling sweats, and had to be changed, he complained very bitterly, and for some hours afterwards of the pain. After about two weeks all the symptoms began to abate, and after about three weeks the patient could sit up and soon began to go around with his arm securely bandaged and in a sling. At about this time will state that the patient got a slight back-set from an attack of asthma, which lasted several days. He was soon out again and going around as usual, with his arm in a splint and a sling. He was very irregular at this time in his attendance at my office, so that I could not observe the progress of the case as well as I had wished. For about three weeks after the patient got up there was a gradual improvement in his general condition and in his arm so far as the pain and swelling at the elbow joint were concerned. It was about this time that I informed the patient that in order that he might get back the use of his arm so that he could go to work again it was necessary that he take an anesthetic, and allow me to break up the adhesion about the joint and make thorough motions of the arm. My patient then disappeared and I saw no more of him until I was informed by a friend that he, the patient, had fallen into the hands of another practitioner, who told him that he had never had any rheumatism and that his trouble was caused by a dislocation at the elbow. I understand the doctor made it so very plain how easily one could dislocate the elbow joint by putting the hand in the pocket and taking it out again, that the

young man, my former patient, and his admiring friends were thoroughly convinced, so much so that I wonder they are not forever afraid to put their hands in their pockets; or finding them there, afraid to take them out again.

This information disturbed my equilibrium somewhat. I readily foresaw the doctor, in his efforts to reduce what he considered a dislocation, would accomplish the very same in effect that I had proposed to do, that is, to break up the adhesion and restore motion to the joint. I sent for my former patient and tried to explain to him the injustice he was about to do me, and I assured him that I was perfectly sure of my diagnosis and insisted that he get other medical opinions before proceeding. He agreed to this and decided upon a physician in whom he claimed to have great confidence and said he would abide by his opinion in the matter. I myself was well pleased with his choice, believing him to be a cautious and competent diagnostician. This physician I understand advised that he return to me and follow my treatment: that I understood the case thoroughly. But still not being satisfied, he sought further medical opinions and was examined by another prominent doctor in whose judgment we all have great confidence, who, I understand gave it as his opinion that the trouble was due to rheumatism and that there was no dislocation. But none of these opinions satisfied him. It seems that he preferred to believe that his arm was dislocated. The great interest displayed by the doctor who diagnosticated a dislocation quite won my former patient (the patient himself told me that the doctor took "so much interest" in his case).

I will state here at the beginning of the case, the arm was dressed with the elbow forming a right angle, the forearm in a position of pronation, with the palm of the hand turned downwards, the forearm and elbow resting on a feather pillow usually across the stomach. The joint was immobilized in splints and so remained during the entire illness, except when removed to apply clean dressings. After the patient was up and about and the active inflammation had subsided, some efforts were made at passive motion, but not persisted in or pushed on account of the pain. It was then that I

wanted to chloroform the patient and break up the adhesion.

An examination at this time showed the following conditions: The arm placed at about a right angle and the forearm in pronation, the movements of flexion and extension at elbow could be made from about 90 to 120 degrees. The head of the radius could easily be made to rotate under the thumb pressed over its articulation, though complete supination of the forearm could not be made. This manipulation of the joint caused pain and met with resistance from the patient. There was some inflammation and deposits of inflammatory material about the joint, though not sufficient to mask the bony prominences. The joints of the hand and fingers were still somewhat swollen and stiff and attempts at passive motion in same produced pain.

The tendons of the biceps stood out prominently the muscles being in a state of contraction. The bony prominences of the joint could be readily located and were found to have their proper relations one with the other.

It is a pathological law that any inflammation with effusion in a joint will cause that joint to assume the position of greatest ease and of greatest intra-articular capacity, and any irritation in a joint will cause the muscles about the joint to contract. The position of greatest ease for the elbow is one of about a right angle, with the forearm and hand in pronation; because the flexors are more powerful than the extensors, and the pronators than the supinators. These facts explain the position of the arm as I have described to you and accounts for why the tendon of the biceps stood out prominently in front of the elbow joint.

You will remember the arm was put up in splints and remained in one position for three weeks, while an active and violent inflammation was going on in the joint, peri-articular tissues, and involving the tendons and sheath of the muscles. Under such conditions it would be quite strange if a partial ankylosis had not taken place from inflammatory adhesions. Usually in acute rheumatism any one joint is only involved for a few days, the inflammation subsiding in that joint and skipping to another; but in this case apparently almost the entire force of the disease expended itself on this joint. The

young man I believe claims to have never had gonorrhoea.

I hope I have demonstrated beyond a reasonable doubt that there was no dislocation at this joint, which occurred either from muscular action at the beginning of the case, or which occurred spontaneously sometime during the course of the inflammatory action. As regards the condition of this joint at the beginning, and before any swelling had occurred, I have one very competent witness, the gentleman who first examined the case, and who is a member of this society, who can bear me out in the statement that there was no deformity and that there could not possibly have been a dislocation.

As regards the condition of the joint after the inflammation had subsided I have other competent witnesses, who are also members of this society, who I think can testify that I have not misstated the facts.

Now in regard to dislocations from muscular action; they sometimes do occur, especially of the lower jaw and at the shoulder joint and sometimes at the hip, but I have never heard or read of the elbow joint being dislocated by muscular action. The authorities tell us that the elbow joint is one of peculiar strength and durability and one requiring great force and violence to dislocate. There are some "freaks" who have by constant training and practice from childhood brought about such lengthening and loosening of the capsule and ligaments of their joints that they can dislocate their joints and reduce them again at will. But this patient does not claim to be a "show man" or "snake man."

That spontaneous dislocations sometimes do occur during the course of inflammatory action of joints is also a fact. A recent author (Tillman) says that, "spontaneous dislocations are observed in the course of diseases of joints either as a result of an abnormal stretching or lax condition of the capsule and ligaments, or of changes within the joint, such as those caused by arthritis deformans or caries."

And again there are "dislocations due to stretching or lax condition of the capsule and ligaments of the joint, caused by a severe, sero-fibrinous, or more rarely, suppurative effusion."

And again, "Quite recently Verneuil, has called attention to dislocations which occur during acute-articular

rheumatism, which run a course exactly like that of traumatic dislocations. Verneuil thinks that these dislocations are caused by muscular action and a lax condition of the ligaments.''

But gentlemen, I think I have made it clear in the preceding pages that no such result prevailed in this particular instance.

Now for the sequel: The doctor got the case, chloroformed him and reduced the dislocation.

At this point I wish to say a few words about the after treatment of dislocations, that is, what is the proper procedure after a dislocation has been successfully reduced. Tillman in his "Principles of Surgery and Surgical Pathology" says that. "The after treatment consists in keeping the replaced portions of the articulations at rest by means of immobilizing dressings." He also calls attention to the great difficulty we have in keeping the certain joints reduced, mentioning especially the joints of the collar bone and dislocation of the elbow. He directs that these joints should be immobilized for 8, 10 or 14 days or until the lacerations in the capsule and ligaments have healed, the tendency is for these dislocations to recur unless held by a retentive dressing until after the lacerations of ligaments have healed.

Now what was the doctor's after treatment in this case? I understood that after he had reduced this so called dislocation, he made free, and extensive motions of the joint, going about from place to place, demonstrating its extreme mobility of this joint. He even gave an exhibition in my presence, making complete flexion, extension, pronation and supination and otherwise manipulating and twisting the joint about. He did not put the arm up in splints or bandage or immobilize it in any way, or do any thing to prevent the dislocation from recurring, telling the patient there was no danger of a recurrence. (I myself heard him tell the patient this) though the dislocation had at first occurred upon such a slight provocation, when there was no injury to the capsule or ligaments of the joint. Without any other evidence this would be conclusive to a competent judge to indicate that there could not have been a dislocation at this joint and would also indicate that if the doctor knows anything about dislocations that he himself does not believe that dislocation theory.



**A Rare Effect of Tobacco.**

BY J. W. SCOTT, HOUSTON, TEXAS.

The following case is interesting, on account of its extreme rarity; and the great importance of the etiological diagnosis. E. H., a healthy looking person, 25 years of age, bookkeeper by occupation, was seized with convulsions, epileptiform in character, five months since. Both of the elements of epilepsy were present, namely, loss of consciousness, and rigidity of muscular system. For two months he had one or two convulsions a week, and they were growing progressively more severe, and frequent; although he began taking rather generous doses of the bromides, from the very beginning. The family history was good, there being no narcotic tendency in any member of it; nor had the patient himself exhibited any nervous manifestations, previous to this time. Upon examination the heart, kidneys, lungs, and liver, were found in a healthy condition. The digestion was good; the bowels regular; and no indication existed of any irritation in the intestinal canal. There was no disease of the generative organs at the time, but one year previous, he had an attack of gonorrhœa. The urethra was examined, and proved to be normal in every respect. The foreskin, so often the cause of nervous diseases, had been removed two years before. There was no history of syphilis; or was there any constitutional cachexia, to which his complaint could be attributed. The eyes, nose, throat and ears, were favorably reported upon by a specialist of recognized ability. After a most careful examination, no cause of peripheral irritation could be discovered. The patient's habits were good. He was not addicted to the use of alcohol in any form. He was temperate in sexual intercourse; and at no time practiced masturbation, which is supposed by many, to be a very fruitful source of epilepsy. Every known cause of nervous disorders could be eliminated, except the use of tobacco; and although this was not carried to any great excess, still, by the process of exclusion we became convinced that tobacco was the real cause of his trouble. Prof. John B. Elliott, of New Orleans, and Dr. R. W. Knox of this city, both of

whom saw the patient in consultation, coincided with this view; and the subsequent history of the case proved the correctness of it. All medication was discontinued, and the patient was instructed to stop the use of tobacco entirely; since which time there has been no return of the convulsions. The most remarkable feature of this case was, that, while the use of tobacco had given rise to epileptiform convulsions, not one of the more common effects of nicotine poisoning of the nervous system had ever been present. It would have been more in the natural order of things, for at least a slight derangement in the circulation or respiration to have occurred before the climax was reached. In other words, we would have expected a "tobacco heart" to have preceded a "tobacco convulsion." Had not the result of treatment been a complete verification of the etiological diagnosis, we would have had very serious doubts as to its correctness; for tobacco is an extremely rare cause of such a condition, and besides, this particular case pursued a course contrary to all reasonable expectations.

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#### Surgical Hints.

When a wound, either accidental or operative, shows signs of infection, never wait for suppuration. Immediate incision, thorough disinfection and drainage, if necessary, relieve pain, shorten the duration, and prevent extension of the inflammatory process.

In draining a suppurating wound, never cork it up by packing gauze in it. The smallest strip that will reach the bottom of the cavity, very loosely applied, is the best.

Constitutional treatment is all important in all forms of diffused surgical inflammations.

Recurrence of carbuncles and boils suggests an examination of the urine for diabetes.

See that the patient has a good night's sleep the night before an operation.

Skin grafting will not succeed upon an unhealthy surface.

Watch patients with burns of the pharynx and larynx; be ready to operate at once. Severe dyspnea may occur

with appalling suddenness. If the patient is getting cold and feeble, his ability to feel pain has greatly disappeared. Waste no time in anesthesia in emergency tracheotomies.

Remember that the skins of young children and delicate women may be blistered by 1 to 1,000 solutions of bichloride of mercury, and that 1 to 40 solutions of carbolic acid have produced gangrene of fingers and toes, when used in wet dressings.

When first attending a case of urinary retention, due to prostatic enlargements, it is a very common mistake to endeavor to empty the bladder with very small catheters, and this very often fails. A large catheter will frequently pass much more easily, and should always be tried first.

In case of severe orchitis, acupuncture generally gives great relief. Use a strictly clean, long needle, with a cutting point. This must rapidly be thrust two or three times through the substance of the swollen testicle. This procedure gives, when skilfully done, much less pain than might be imagined.

In local inflammations of a septic character, the external application of iodine is worse than useless.

In hydrocele, the tenseness of the sac, and its size, is the indication of operation. Never introduce the trocar obliquely, but perpendicularly to the surface.

An ice-bag left all night upon an inflamed surface has been known to produce extensive sloughing of the parts. The skin under the ice-bag should be frequently inspected.

The tissues of the ear are possessed of a great degree of vitality. If a portion of the ear has been so cut as to hang by nothing but a mere shred, it is always worth while to stitch it in position again, suturing cartilage to cartilage and skin to skin, separately, whenever possible.

Tincture of arnica, except for the alcohol it contains, is believed to possess absolutely no value as an external application. It sometimes produces an amazing degree of cutaneous irritation and inflammation, sometimes even assuming an erysipelatoid character.

Never give a good prognosis in the case of very extensive burns in children, however well they may appear a few hours or even a day or two, after the receipt of the injury. Sepsis, usually followed by pneumonia and shocks, often develops late, and the mortality is very great.—International Journal of Surgery.

# Southwestern MEDICAL RECORD.

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## EDITORIAL DEPARTMENT.

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WHAT IS THE PROPER DIAGNOSIS?—It is simply wonderful, the results some physicians say they obtain in their practice. It is quite a common thing to hear of 2500 women being delivered without a single one being lost. A few go so far as to claim they never have a lacerated perineum in their obstetrical cases. Not long since we read an article in a reputable medical journal in which the writer states that in 30 years' experience he had never lost a child from pneumonia. In one of our recent exchanges one of our correspondents makes the startling statement that during the last five years he had never failed to cure a case of the continued

fever, so prevalent in this climate, in 8 or 10 days. It is almost a daily occurrence, to see in the various periodicals special treatments that are guaranteed to cure any case of gonorrhœa in two weeks' time. Custom has almost made it proper for professional men to lie about the size of their practice, but it should be made a criminal offense for physicians to so misrepresent statistics pertaining to life and death. I believe it was a Grecian philosopher who wanted to know what became of all the small babies, and oftentimes, when at the bedside of a very sick patient, we have wondered what has become of those smart doctors. We have read their articles in the journals, and have listened to graphic descriptions of their success upon the street corners, but as yet have never had the pleasure of meeting them in the sick room. It is difficult to understand why any physician will make statements which no sane man, even if his best friend, can possibly believe. The most satisfactory explanation is, that the mind is unbalanced, and for this reason we have always maintained that when one of our members becomes possessed of this monomaniacal desire to misrepresent facts, we should throw around him the broad cloak of charity. Bartholow, in his practice of medicine, gives the following description of a person suffering from paralytica dementia: He imagines he has written an immortal work, or made a great invention, and will undertake to build a house many miles high, or run a railroad to the moon. So quick is he to forget his statements, that if exposed in an absurdity, he immediately reaffirms it in a still stronger form. He is therefore perfectly happy in the midst of his delusions.''

Is it not possible that those physicians whose efforts are attended, according to their statements, with such marvelous results, may be suffering from a mild form of paralytica dementia? Their own evidence, at any rate, would lead us to believe that such was the case. It should be remembered



that exaggeration, when carried beyond the limit of possibilities, is a cardinal symptom of mental derangement. And it should be recollected, in conjunction with this, that it is just as possible to construct a railroad to the moon as it is to cure all cases of typhoid fever in 9 or 10 days, or to deliver women of children, without having an occasional laceration of the perineum. S.

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MEDICAL SCRAP BOOKS—OR HOW TO UTILIZE MEDICAL JOURNALS.—No one will deny the importance of medical periodicals, and no physician can afford to be without a liberal supply of them if he would maintain honorable relation with his professional brethren, or render the most valuable service to his patients. But after all, it is not the number of pages or number of journals we read, but the amount we are able to put to a practical application, that enriches the mind, and makes us more skillful physicians.

To make the articles we read to-day valuable to us in future practice, is a matter of great importance to every physician. Few are able to remember a tithe of the good things they read in the journals, and many valuable lessons we would preserve in our minds for future use cannot be recalled when we need them. It is a common custom to file away journals for future reference, but it is a rare thing that any use is made of them after they have been read and placed on file. If we desire to search in our file of journals for an important article, it may be so difficult to find that we abandon the search as a waste of time. This difficulty may be obviated by keeping an alphabetical index giving the name of journal, date of publication, and number of page on which the article appears. While this plan will enable one to find the important article indexed, his stack of journals grows larger and larger until it occupies too much space in the office.

A better plan is to procure a large bound invoice book,

with a "thumb index." As you read your journal tear off the leaves and throw into the waste basket all you do not wish to preserve for future reference. Any article of especial value that you may wish to preserve can be pasted into this scrap-book and indexed. As many as thirty pages of reading matter can be pasted into one page of the invoice book.

In order to utilize your space trim off the top, bottom, and outside border of the leaf to be pasted in, leaving the inside border on which to apply the paste. With a little experience in pasting in the leaves you will soon learn how to utilize the space, and to arrange your articles and index for ready reference.

By this method, you will not burden your book case with a mess of useless journals and you will soon find your scrap-book the most valuable volume in your library. P.

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STATE CARE OF INEBRIATES AND HABITUES OF NARCOTICS. —In a recent issue of the Texas Medical Journal, one of the editors advocates the state care of epileptics. The May number of the same periodical contains a paper by Dr. White, of Terrell, in which he recommends that the protecting arm of the state should also be thrown around the inebriates and habits of narcotics. If the growth of his philanthropic idea continues in this proportion, we expect in a few year's time to see Bellamy's "Looking Backward" discounted. We are beginning to think that possibly it might be well to set aside about six counties for general hospital purposes, where all the lame, sick and halt can be accommodated. It is not exactly just to discriminate in favor of the man who imbibes too freely of the sparkling cup, or those who too often seek the temporary exhilaration of morphine and cocaine. Charity should not be confined to a favored few, but should be broad and embrace all suffering humanity. It is equally

true, though, that ‘charity begins at home’ and it may be wise, before advocating state care of drunkards and opium eaters, for physicians to make a united effort to secure legislation regulating the practice of medicine. By so doing, they will be charitable not only to themselves but to the thousands of women, children and men who fall into the hands of incompetent practitioners. One good, sensible and effective law governing the practice of medicine in this state would be of more service to its citizens generally, than the establishment of a thousand retreats where the inebriates and habitues of narcotics—in the words of Dr. White—‘can wander along babbling brooks, and inhale the sweet perfume of nature’s flowers; while their delusions are beguiled away by a delightful serenade from the Southern Nightingale.’ So let us first get such a law in force, and then we can turn the entire state into a hospital or sanitarium. S.

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A MEDICAL COMEDY IN ONE ACT.—Scene—Temple, with Esculapius reading *SOUTHWESTERN MEDICAL RECORD*; (shades of Gross, Pancost, Sims and McDowell in the background.) Enter Hippocrates.

ESCULAPIUS.—Strange things, Hippocrates, they tell me now of earth.

HIPPOCRATES.—Yea, lord, science strikes with a bold hand the full gamut of human intelligence.

ESCULAP.—By Jupiter, more! Science no longer stops at the full limit of human knowledge, but in vain glory filches the secrets of the gods. Time may soon be when I will have to doff celestial robes and learn wisdom at the feet of men.

HIP.—Nay! Nay! Chide thee not. Thy disciples are proud and free, as thou wouldst have them be. They drink deep at wisdom’s fount and times are this drinking makes them drunk; and drunken, resolutions pass emasculated of thought. I come to-day, an unwilling messenger from Earth’s

Associations, asking for new regulations of Nature's laws (the shades, in horror, fade away).

ESCULAP.—A merry jest—an April joke. They next will want my seat and scepter. But read, Hippocrates.

HIP.—Reads. ‘‘Whereas, Serum Therapy (shades, unseen, repeat, ‘Serum Therapy’) is now grossly hampered by certain oppressive laws—said laws being derogatory to the dignity and advanced stage of medical science—we ask that the same be repealed, to-wit, as follows:’’

ESCULAP.—Bravo, Hippocrates! Repealed. Mark the word. They doubtless would have bacteria grow and so gigantic be that human eyes could see what other mites feed on them.

HIP.—Indeed, most wise god, or else train our eyes to see the atoms that make their mass and thus bring theory forth to fact.

ESCULAP.—And weave wave-lengths round the molecules and stop not at the spheres, but make music and immunity Nature's grand triumphant law.

HIP.—Yea, most gracious god, grant thy willing servant the magic of immunity; till yet, a Gordian knot solved only in death.

We prey on plants, and still lesser plants prey on us, yet these tiny bacteriæ, in their wondrous way, create toxins strong, like that from hemlock brewed, or deadly upas drawn. These subtle toxins fill our weak frames with deadly sleep or grip our aching muscles in horrid spasms, while cold and clammy sweat bathes our stricken bodies. We know, O, Esculapius, that diphtheria's toxins gain no gathered strength from measured dose, but work a wondrous change in equine's crimson stream; so like Mithridates of old, for whom no much-sought poison would yield old Charon's ghostly load. 60 minims, 1 to 50,000 weak, of this crimson stream pale, will work changes not dreamt of in your philosophy.

Bacteriæ yield their toxins, and toxins yield their antitoxins. Now, strange to tell, this grandson; through a still-born sire, ætivicidic wretch, kills its grandsire. 'Tis thus the gray blanket that plagues our tonsils falls away. "Smaller the force the greater the effects" no longer needs proof. Statistics pile on statistics, in majestic numbers, so many and so true, that cavers must needs keep silence.

ESCULAP.—Enough, Hippocrates. Medical statistics are the sole products of paralytic dementia. He who reads statistics aright turns the spy-glass round.

HIP.—But this would make thy disciples liars, and they are honorable men.

ESCULAP.—Liars, say you? All men are liars. To purgethem of falshood would need old ocean's orgean stream (shades say, "True.")

HIP.—Nay! nay! I most humbly say you, nay! We would have you change this circumambient ether and thus preserve from change the life and labors of these our bacteriæ. We would have thee turn an unknown light upon the minds of men and so reveal their limp and laming diagnoses. Grant to us, and pardon, O, Esculapius, that in cell against bacteria the fittest may survive?

ESCULAP.—You are asking much, Hippocrates. You call to mind what Hermes said to Jupiter, "Oh, all omnipotent Jove, canst thou make thyself?" SEE?

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DR. CHANTEMESSE (Med. Rec.), of Paris, advocates the use of antitoxin serum by enema. He reports twenty cases in which the serum was used in this way, with just as good an effect as when applied subcutaneously. The bowel is first moved with a plain enema and thus, the ordinary dose having been diluted in water, is thrown well up into the colon by means of a gum-elastic catheter. No ill effects attend this method and it is certainly less startling to the child. We would like to know what is the matter with giving it by the mouth? Dr. P. Gibier (Therap. Review), in effect, questions the accuracy of Dr. Chantemesse's observations on the rectal use of antitoxin. He bases his criticism upon his own experiments upon guinea pigs and dogs. This subject seems to be "between the devil and the deep blue sea."



## OTHER JOURNALS.

**Antitoxin in Diphtheria.**

Dr. H. C. Wood thus writes in the University Medical Magazine: "There are largely sold at present, various antitoxins of diphtheria. I cannot take time to-day to give you the statistics of the antitoxin treatment of diphtheria, and I will agree with some in believing that the exact value of this treatment has not been thoroughly established. On the other hand, I am absolutely of the opinion that the value of the treatment has been sufficiently shown to require every conscientious physician to use antitoxin in diphtheria just as much as he would use quinine in malaria. I can only speak of one of the more recent publications—that is, in regard to the general mortality of diphtheria in the city of Paris. For three years in the first quarter of the year there were each year 1743 cases of diphtheria, with a mortality-rate of 53 per cent. In August of 1894 the antitoxin treatment began to prevail in Paris, and was fully in use by January 1, 1895. The result was that in the first quarter of 1895, instead of over 1700 cases of diphtheria, there were only 502 cases. Every case of diphtheria to which antitoxin is administered in the first twenty-four hours prevents or lessens the chances of infection. That is the reason that 500 instead of 1700 cases were reported. In other words, a mortality of 53 per cent. has been reduced to a little under 15 per cent.

A fact we are especially interested in, however, is that large numbers of physicians still believe that antitoxin does no good in diphtheria. The reason of this, I think, is not far to seek. In the first place, antitoxin cures, as I have told you, by arresting the growth of the bacillus. If you give the antitoxin the third day you may stop the growth of the bacillus, but every tissue of the patient's body is already poisoned unto death with toxin, and most tissues have undergone irreparable degeneration. The child goes on to death, although you have arrested the diphtheria, because of the ravages which the disease has already produced. It does not die directly or immediately of the diphtheria, but it dies from the effect of the diphtheria. The second reason

is, that in bad cases of diphtheria there is more than a diphtherial infection. Right on the heels of a diphtheria, co-brethren in destruction with the Löffler bacilli, come various streptococci, and the minute the throat begins to be ulcerated you have added to the diphtherial infection, streptococcic infection and though you do kill the bacillus in time, the case goes on to death by streptococcus infection. It is the secondary infection which kills under these circumstances.

Of course, a Löffler bacillus antitoxin is useless against a streptococcus toxin; theoretically, at least, two antitoxins should be used and not one in most cases of advanced diphtheria.

The absolute importance of the use of the antitoxin during the first day of diphtheria is very evident. There are very few, if any, well-observed cases of diphtheria on record in which it has been positively determined that the antitoxin administered during the first few hours after the outbreak of the disease has failed to bring about a cure. On the other hand, our statistics seem to show that if the injection be postponed to the fifth day the mortality rate with the use of antitoxin would be no less than without it. ”

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#### Antitoxin.

From the London correspondence of the Medical Record (May 2), we learn that the Metropolitan Asylums Board has published a report on the antitoxin treatment of diphtheria in the hospitals under its charge. This report, which has been looked for with considerable interest and even a little impatience, is signed by the medical superintendents of the six hospitals of the board, and includes all the cases treated in 1895. Some statistics of the previous year are also given for the purpose of comparison, as in 1894 only a few cases were treated with antitoxin, and those few are omitted. The report is moderate in expression, as such a document should be, and consists, for the most part, of the facts of practice in the six hospitals. It appears that 3,529 cases were treated, with 796 deaths, a mortality of 22.5 per cent, as compared, with 29.6 per cent. in 1894. There is a table showing

the deaths at various ages, from which it seems 41.1 were under five years. Among these the mortality was 34.2 per cent., as against 47.4 per cent. in 1894. Only 46.4 per cent. of those under five years of age received antitoxin, with a mortality of 37.4 per cent.

The earlier the antitoxin was given the greater the success. In cases admitted on the first two days of the disease the mortality was reduced by about half. Thus, among those treated on the first day it was only 11.7 per cent., as against 22.5 per cent. in 1894, and among those on the second day it was 12.5 per cent., as against 27 per cent. Among the third day admissions the mortality rose to 22 per cent. (against 29.4 per cent.). Among the fourth day admissions it was 25.1 per cent. (against 31 per cent.). Among those admitted on the fifth day or later the death rate rose to 27.1 per cent. (against 30.8 per cent.). Thus, although antitoxin kept the mortality at all ages below that of 1894, its great value was proportionate to timidity in its administration.

In laryngeal cases the reduction of the mortality was still more remarkable, and there was uniform improvement at every hospital in the results of tracheotomy. The clinical course of the disease was also beneficially influenced, as evidenced by decreased faucial swelling, less nasal discharge, limitation and early separation of membrane, and improved general condition of patients. Even in cases which resulted fatally life was prolonged more than by any other treatment. With regard to complications, of which so much has been made in some quarters, the report points out that, though the figures indicate a larger percentage, the more efficacious treatment by tiding the patient over a severe illness tends to increase cases presenting complications, since a larger number of those having severe attacks survive, and the opinion is expressed that, on the whole, notwithstanding some drawbacks, they are insignificant considering the lessened mortality which has followed the use of the remedy.

This careful report concludes with the following statement: "We are of the opinion that in antitoxic serum we possess a remedy of distinctly greater value in the treatment of diphtheria than any other with which we are acquainted."

### **Cod-Liver Oil.**

According to the Medical Record the supply of cod-liver oil is in danger of giving out, as it is said the catch of Norwegian fish is diminishing each year and also that the yield of oil is less in proportion to the number of fish caught.

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### **New Method of Injecting Serum.**

Recent experiments with rabbits have shown that if the antistreptococcus serum is injected all around a patch of erysipelas, the lesion is confined within it and heals rapidly. The quantity used was only 1-4 c.c. The same quantity injected elsewhere had no effect.—*La Semaine Medicale*, April.

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### **Military Tuberculosis.**

Reported cases of cures of general military tuberculosis involve an error of diagnosis. The prognosis is absolutely fatal, but the almost always present impossibility of unimpeachable diagnosis makes a positive prognosis out of the question. The treatment is entirely symptomatic. Palliative treatment is frequently indicated and all means and measures of treatment—hygienic, dietetic, and medicinal—are addressed directly or indirectly to the increase of the tolerance of the patient.—*Pitt (Medical Review)*, March, 1896.)

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### **Wounds.**

Doctor, do not for heaven's sake daub a lot of black salve or any other kind of salve or vaseline, ointment or liniment—no matter what its nature—upon a fresh cut. Instead of putting foreign substance into it or about it, remove all such—cleanse it thoroughly, then tie up neatly in its own blood, and let nature, God's handmaid, do the rest. It will be done and well done. Of course, if necessary, put in a stitch or two with a clean needle and silk, and clean hands.—*Med. Gleaner*.

### Brain Surgery.

According to Dr. N. Senn, of Chicago, operative interference is absolutely indicated in fractures of the cranial vault under the following circumstances: (1) All open fractures, including gunshot and punctured fractures. (2) Depressed fractures attended by well-defined symptoms caused either by the depression or intracranial complications. (3) Rupture of the middle meningeal artery with or without fracture of the skull. The indiscriminate use of the chisel and the trephine in the hands of the inexperienced practitioner is fraught with danger and should not be encouraged by teachers and expert surgeons. Cerebral localization and aseptic surgery have made it possible to treat a few intracranial lesions successfully by direct operative interference.

—Daily Lancet.

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### Surgery of the Abdomen.

The abdominal cavity was largely a terra incognita to the surgeon of less than half a century ago, said Dr. N. Senn, of Chicago, in his address before the American Medical Association. To-day it is the favorite battle-ground of the average surgeon and the select field of the so-called abdominal surgeon. Notwithstanding the wonderful improvements in the technique of operations upon the stomach, partial gastrectomy and pylorectomy have yielded anything but encouraging results. In nearly fifty per cent. of cases the patients subjected to radical treatment for malignant disease of the stomach succumb to the immediate effect of the operation. Dr. Senn said he had opened the abdominal cavity for the surgical treatment of malignant disease of the stomach nineteen times, and in only one case did he find the disease limited to the organ first affected, and in this case the general health of the patient had been so broken down by the obstructive pyloric carcinoma as to contraindicate a radical operation. In all of the remaining cases a pylorectomy or partial gastrectomy was out of the question, as the carcinoma of the pylorus or stomach had extended to adjacent organs or had given rise to regional infections through the lymphatic glands sufficien-



tly to contraindicate any attempts at radical removal of the disease.

—Daily Lancet.

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### **Infantile Mortality.**

Dr. Henry P. Walcott, in a lecture delivered recently in Boston, Mass., upon "State Medicine in the Nineteenth Century," made use of the following statistics: Out of every 100 infants there die in the first year in Bavaria 30.6 per cent; in Holland, 20.3; in France, 16.6; in Massachusetts, 16.3; in London, 16; and in Boston, 26.

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### **Castration for Hysteria.**

Charcot takes strong ground against castration for hysteria, and declares that the ovarian and menstrual disturbances met with in hysteria are due to the general disease from which the patient is suffering, and are in no way the cause of the hysterical manifestations. He states that he has never seen a case in which the removal of the ovaries in a case of hysteria would be considered a justifiable operation.—Modern Medicine.

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### **What is Indicated by the Tongue.**

A white tongue indicates febrile disturbance; a brown, moist tongue—depression, blood-poisoning, typhoid fever; a red, moist tongue—inflammatory fever; a red, glazed tongue—general fever, loss of digestion; a tremulous, moist and flabby tongue—feebleness, nervousness; a glazed tongue with blue appearance—tertiary syphilis.—Medical Age.

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### **Antitoxin at Home.**

We quote from the Parisian letter of the Cincinnati Lancet-Clinic:

"It seems that the enthusiasm manifested last year for

Behring's antitoxin serum has commenced to diminish. Official statistics published by Bertillon give thirty-three deaths as the enormous weekly mortality from diphtheria, figures that have never been attained during any preceding year before the discovery of this celebrated so-called specific. Like the rest of serious maladies to-day treated by serum therapy, it is necessary to recognize the fact that such medication no longer keeps the promises made in its name. Besides, Drs. Sevestra, Gaucher and Legendre have been courageous enough to make known to the Societe Medicale des Hopitaux, the serious and frequent accidents to which the anti-diphtheritic serum gives rise even when applied to very simple cases of angina. But all this does not discourage the Pasteur Institute and its purblind disciples."

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#### NEWS AND MISCELLANY.

Dr. Trott, of Eddy, N. M., has located in Merkel, Texas.

Dr. J. W. H. Martin, of Cornish, I. T., has located in Merkel, Texas.

The American Medical Association will meet next year at Philadelphia.

The county commissioners of Taylor county have let the county practice by precincts.

Dr. J. A. Bowling, late of Missouri, has located in Alvin, Texas, for the practice of medicine.

Medical department of the University at Galveston graduated thirty-four M. D.'s and nine Ph. G.'s on the 15th of May.

Miss Cotillon—Do you always acknowledge it when you are wrong? Doctor Brown—No. Only when other people know it.

Prof. Alexander J. C. Skeen, of Brooklyn, N. Y., has been elected honorary fellow of the Edinburg Obstetrical Society.

Dr. H. F. White, of the Houston Electro-Therapeutic and Massage Sanitarium, has gone to his old home in Iowa to spend the summer.

The death rate from diphtheria in Paris rose from 10 to 23 per cent during the first week of this year, with fewer cases and antitoxin treatment.

The art of surgery will never advance till professional men have courage to publish their failures as well as their successes.—John Hunter.

Twenty thousand insane patients are now under the care of the state, and in city and private institutions in New York State, an increase during 1895 of 736.

Dr. Wm. E. Drisdale, of Houston, Texas, sailed from New Orleans on May 15th, for Costa Rica, Central America. He intends to remain several months.

Dr. C. S. Vance has removed from 1113 1-2 Congress avenue, and now occupies an office with Dr. N. J. Phenix, over Brown's drug store, corner Preston and Main streets.

Dr. E. S. Ferguson, of Detroit Mich., has located in Houston for the practice of medicine; the doctor's office is at 1403 Prairie avenue. THE RECORD extends the doctor the hand of fellowship.

Twenty-two per cent. of the inmates of the Batavia (N. Y.) School for the Blind lost their sight through purulent ophthalmia of infancy, which is recognized as practically a preventable disease.

Changes are to be introduced into the methods of medical education in Vienna. The result will be that, from beginning to end, it will take a regular student of average ability seven years or more before he is able to practice.

THE RECORD is in receipt of "Souvenir of the 26th annual meeting of the National Eclectic Medical Association," which meets at Portland, Oregon, June 16th, 17th and 18th, 1896. The promise is for a very interesting meeting for our eclectic brethren.

Paris records an annual mortality of 155,000 children under one year of age. The chief cause of death is neglect of mothers. The proportion of illegitimate births in France is about 9 per cent. while it registers 28 per cent in Paris.

Dr. E. B. Jackson of Houston, and Mrs. Annie M. Merchant, of the Alamo city, were united in marriage on the 20th of May. May the immunization serum of perpetual love and happiness prove both potent and lasting, is the wish of the SOUTHWESTERN.

Data wanted.—Information concerning ligatures of the common carotid, character of the ligature the absence or presence of cerebral symptoms, and the indications for operation, if furnished R. T. Morris, M. D., Houston, Texas, would be highly appreciated.

FOR EXCHANGE.—Physicians' location in railroad town, two fine farms and some town property in North Texas, for clean stock of drugs, residence, business houses, or other good property in South Texas. Address, "Doctor," care SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

Dr. J. Webb Douglas, who has been practicing about twenty years in Palestine, Texas, has located in Houston. The doctor has been filling an appointment as surgeon for the I. and G. N. railway. He has opened an office over Brown's drug store. THE RECORD extends to him a hearty welcome.

The SOUTHWESTERN MEDICAL RECORD, although not one year old, has the largest circulation of any medical journal published in the state, and before the close of the year the management intend to make it the best journal published in the state. We ask our readers to watch us grow, and we will abide their decision as to the fact of this statement.

Prof. Hajak, of Vienna, is reported to have declared that smokers are less liable to diphtheria and other throat disease than non-smokers, in the ratio of one to twenty-eight. It also appears that smoking is positively forbidden in bacteriological laboratories, because it is known to hinder the development of the bacteria.

Dr. Behring, of Berlin, is reported to have discovered a serum antagonistic to cholera.

It is reported that the Cincinnati Branch Hospital will be used in that city for tubercular cases. We are slowly but surely coming to the isolation of tuberculosis.

The Vigo County (Ind.) Medical Society has initiated a movement to secure the publication of a revised edition of the Medical and Surgical History of the War of the Rebellion.

To the physicians of the Southwest: You may not get the most paper, but you will get the best medical journal published in the Southwest, and that, too, for one dollar, by subscribing for the SOUTHWESTERN MEDICAL RECORD.

Dr. J. A. Pharr, of Brandon, Texas, has recently returned from St. Louis, where he has been attending a course of lectures in the Missouri Medical College. The doctor is just recovering from an attack of blood-poisoning, the result of a cut upon the hand while dissecting.

Dr. J. C. B. Renfro, of Houston, Texas, reports a case of a man about twenty-four years old who accidentally swallowed a silver dollar. It was a genuine standard sixteen-to-one silver dollar, coined in Uncle Sam's mint, and it 'passed' in eight days without producing any pain or discomfort.

THE RECORD will contain in its next issue, July number, a paper by the surgeon claiming the distinguished honor of having performed the first symphyseotomy on this continent. The paper will be read with much interest, especially by Texans, as the honor belongs to a Texas physician. A committee was appointed at the last meeting of the State Medical Association, to ascertain facts and establish claims, etc.

The number of matriculates in the medical departments of the State University and Fort Worth University, this year, are as follows: University of Texas, 248; University of Fort Worth, 110; total, 358. It is worthy of note that in the academic department of the University of Texas, this year, there matriculated 343, the same being 15 less than matriculated in the medical departments of above named institutions.



## BOOK REVIEW.

CEREBRAL HYPERÆMIA THE RESULT OF MENTAL STRAIN OR EMOTIONAL DISTURBANCE. The so-called Nervous Prostration or Neurasthenia by William A. Hammond, M. D., Surgeon General United States Army. Retired List, etc. Second Edition. Enlarged and Improved. Washington, D. C. Bretano's, 1895.

This little book very ably treats of a disease which, the author claims, is so common as to be almost daily observed by the busy practitioner. He states that according to his experience it is more common than any other affliction of the nervous system. It is more especially prevalent in America as an outgrowth of that restless spirit of enterprise and struggle for wealth, so characteristic of the people of this country. The author so clearly describes the disease that no one can fail to understand it. His suggestions on treatment will be found invaluable. There is also a chapter on animal extracts, which will be read with interest by everyone who is so fortunate as to procure the book.

A PORTRAIT CATALOGUE OF BOOKS ON MEDICINE, DENTISTRY, PHARMACY, CHEMISTRY, MICROSCOPY, HYGIENE, NURSING, AND ALLIED SUBJECTS: Being descriptions of nearly three hundred standard works, including such books as Tyson's Practice of Medicine, Morris' Anatomy, the third edition of Moullin's Surgery, Gould's Dictionaries, Coblentz's Handbook of Pharmacy, second edition; Harris' Principles and Practice of Dentistry, thirteenth edition; Bartley's Medical Chemistry, fourth edition, and Potter's Therapeutics, fifth edition. Alphabetically arranged by authors' names, with an elaborate subject index, and with directions for obtaining books on approval subject to return if not wanted. P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia.

Every physician should have this catalogue, from this well-known publishing house, so perfectly reliable and responsible, and who have inaugurated a new departure of "books sent on approval, subject to examination, to be returned if not wanted." What more could the physician ask? The catalogue is artistic in design and beautiful in illustration. Send for a copy; it will be of value to you.

## POETRY.

**Baby Brother.**

We've dot another—tame t'other day;  
 Mamma's its mother, an' I'm sister May;  
 Tan't walk a bit yet—tan't talk at all;  
 But he's a daisy—jes' hear him bawl!

Bright baby eyes—pink tiny feet;  
 Oh, what a prize—baby so sweet;  
 Image of papa—look at him, do!  
 Papa is bald, an' baby is, too.

Sleep little brother, good angels guard!  
 You'll wake up mother if you cry so hard.  
 Look at him peepin'—now he'll begin!  
 Wis' he was sleepin'—must be a pin!

Keeps on a fussin'—he makes me tired!  
 (Have to do nussin' cos real nuss is fired).  
 Must be real hungry—face looks like beef.  
 He'd chew off his thumb, but ain't got no teef.

—Frank S. Colburn.

One views these things, said Br'er Fox,  
 According as his light is.  
 I do not doubt these grapes are sweet,  
 But I fear appendicitis.

**If Death Be Kind.**

If death be kind, there beyond life's control  
 To close our eyelids and our wounds to bind,  
 Deep shall we drink of this Lethean bowl,  
 If death be kind.

Clothed there the soul in sensuous shadows blind  
 Shall hear no more the clang of hours that roll,  
 Nor dream regretful of the days behind,  
 If death be kind.

Love there no more shall hear its death-bell toll,  
 Nor ever memory mock again the mind  
 Where in sweet sleep shall rest each peaceful soul,  
 If death be kind.

—From "Lighter Lyrics," by Bennet Bellman.

## PUBLISHER'S NOTES.

We take great pleasure in calling the attention of our readers to Kiesling's Phosphatic Emulsion. It contains in a happy combination the tissue builders, fat producers, and nerve tonic in a palpable mixture. It is especially recommended in the persistent spring and winter coughs, scrofulous children and in those conditions demanding regenerative processes. Thymoline, also handled by Kiesling, 502 Main street, city, is worthy of the physicians' attention and patronage, who desires a bland, reliable and non-poisonous antiseptic.

Malt-Nutrine can now be had at any drug store in the city. It is invaluable for convalescents, nursing mothers and persons suffering with wasting diseases.

The Houston Drug Co. is prepared to furnish you with all kinds of surgical instruments, buggy cases and surgical dressing. Read their ad. in this issue.

We call attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.

Trikresolidin.—Registered—Prepared under the formula and supervision of Dr. F. Mortimer Reeves. The peculiar pathological conditions existing in Rhinitis, Atrophic and Hypertrophic, and post-nasal Catarrh, require something more than the palliative measures resorted to, as a rule, to controvert them successfully. Reaction is positively necessary, and can only be secured by an agent producing a safe, non-erosive, osmotic effect, guarded by sedatives and antiseptics non-irritant themselves. This preparation possesses all these requisites. Literature sent on application. Prepared strictly for physicians' use. Meyer Bros. Drug Co., Sole agents, United States and Canada, St. Louis and New York.

“Hockerbrau” is an elegant preparation for convalescents and is also very useful in amylaceous dyspepsia.

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## ORIGINAL COMMUNICATIONS.

For Southwestern Medical Record.

### *Symphyseotomy.*

BY DR. J. O. WILLIAMS, HOUSTON, TEXAS.

Some time ago at your request I promised you, through a brief article, my ideas concerning the operation recognized through the incomplete phraseology, "Symphyseotomy." Not relative to the recentness, neither to the ancientness, though it has the claims of both; and by nearly every recent operator the entire literature has been rewritten until there is not a journal but that bears to its readers the history of its rise. its fall and revival.

This, as other surgical performances so emphatically, even dogmatically describe, that the reader gets the impression that there is the one right way; and that to effect a relaxation of the pubo-symphyseal joint it is necessary that the overlying as well as the underlying tissue about the joint be extensively cut.

About the only reasonable excuse offered is the aversion

to do blind work. Just as well make the demand that the pelvic cavity be thoroughly opened up by deep incisions to see the application of the obstetric forcep, the placental forcep, and many other practical acts of daily use, that of tenotomy which is so often repeated is a very striking example. To differ in opinion is characteristic of the teachings that pervade the literature of the art that we so devoutly crave to call a science.

For reasons that will become apparent as we pursue this action, the writer proposes to again appear in defense of the already accepted claim of having performed the aforesaid operation. Evidence is already before the reading part of the profession that is sufficiently confirmatory, but because of obscurity, the fact that I have never appeared in print as a surgeon, not even a "common practitioner," is thought strange of, and remarked upon.

Now let us ramble, so to speak, unfettered, tethered to no special subject, and get acquainted with our individuality, ideas of life and action as a physician.

In this closing 19th century, for one to enter the arena of publicity is somewhat of the exciting tendency of that of entering a Spanish bull pit; every entrance but makes the fight wax more fierce and deadly. It appears to be one, and a very prominent one too, of the accomplishments of modern broad education among physicians to engage in all sorts of puerile tongue lashings, censurings and disputations; and all engaged in the same life long struggle, contesting the invasion of the "human form divine" by that enemy that wages the fight to the death. Can it be that "this warfare" has a tendency to sharpen the desire for ruin and destruction among us to the point that we become homicidal even of murderous intent that is so frequently exhibited?

In revolution was the art begun. Complicated and oft mysteriously conflicting and destructive, the revolution deepens, widens and goes onward, and in final defeat and subjection we are destined to "stack arms."

The common sentence passed upon man in due and short season will be executed with all the effectiveness and certainty that man died thousands of years ago.

Yet there is seldom an association meeting, however lim-



ited it may be, but the already burdened mind is called upon to consider unheard of advantageous points gained in this art of practical medicine. We as physicians carry on the warfare and antagonize existing active disease and the approach of same from the point of every man's own judgment, each one endowed with the authority of a commanding officer. Thus it is that agents used, customs adhered to and teachings inculcated centuries ago, that ceased to be such as their originators ceased, are continually resuscitated and our advances are frequently more marked and apparent as we step backward by centuries. The indirect effect of rhubarb was understood by the old Arabians.

Let him that thinks the usages of aloes of recent date, learn of the ancient natives of the Indies; and also from the North American Indians we were taught the purgative use of podophyllin. Very like a chess board, the greatest moves or advances consist of transpositions brought about to protect exposition and granting that protection thus attained is effectual, yet what is this new relationship of organisms, possibly subject to as active destructive agencies (turned loose) as threatened this art-saved subject. We are guilty of much of this sort of medical progress.

Can it be affirmed the number of human lives that are directly and indirectly chargeable to our acts and efforts in the capacity of physicians; the percentage of the saved ones would be materially affected by them.

The clamor is long and loud in denunciation of the slothfulness of "the people" in their neglect to come to our rescue in the legislative halls and cause to be spread out protectorate class legislation, the infant foundling of its care being the art of practical medicine.

And yet from the simple minded people the action of even our new remedies are learned and the "empiricist" enriches himself thereby. Thus the wonder is that things are as favorable to us as they are. When we think of the uncertainties and failures that are attendants of the army of our anti-agencies, those of the anti-alcohol habit leading off, then in close wake follow the "anti-tubercular," the noisy "diphtheria antis," and so on, all the multiplied legions of that, that is termed disease, having as its active antagonist

an agent, to say the least, is very like the ‘*similia similibus curanter*.’ As for instance, a recent enthusiast claims that the serum or blood from an intoxicated dog had curative effects, whether upon master or dog, I forget which. The fact of transmitted and acquired tendencies should be respected as a flaming sword in the hand of the active death angel. In eagerness to immunize a healthy child to the dread diphtheria scourge the anti-toxin is applied and the ‘flaming sword is thrust to the hilt.’

We notice the same irregularity of effects produced by the bite and sting of parasites, reptiles and animals. Not only in different individuals, but even in the same individuals at different times. We know in our daily practice and experience that the same uncertainty and irregularities of effects of common medical agencies do not constitute a phenomena, neither is death, as a resultant from the use of agencies applied by us, which are as unseemly, ridiculous and even repulsive to sober thought, as anything that we, as ‘regulars,’ in offended reason, have seen fit to place in the crematory of scathing criticism, the customs and practices of the homoeopathist. Where are our certainties? Prevention, which is almost an animal instinct, poorly practiced by man and doctor as well, and yet for all our uncertainties, the cry comes from our ranks, legislative and legislation acts transferring responsibilities of the dear people to the doctors.

The broad educational demands (by the dear doctors) of the day tends to extremism. Useful and to be commended in few instances; but conservatism constitutes a pleasant elevation which the every day useful life is satisfied to occupy, from which standpoint, the mere glance towards the indefinable peaks of frozen modern scientific medicine is quite sufficient. One distinguished element we have, ‘of the making of books there is no end,’ and in the reading of them to find that ‘all is vanity.’

Why are we dashed from one extreme to another and affected by every voice of ‘lo, here, lo there?’ Why is it that we exercise the spirit of dictation and dogmatism as to who shall ‘plant,’ water and ‘gather or reap?’

It appears to be a fact that there are some doctors after the fashion of the ‘pesky viper,’ that when things fail to go

their way it so excites and incites that the fang-bearing toxins are thrust into their own snakeship.

It is within the ranks of our self-denying, man-loving, God-ordained profession, that more self inflicted bitterness and chastisements and even mortal injuries are inflicted, than from the hands and heads of the benighted people, and the bodies of inconsiderate lawmakers combined, whose unconcern and ignorance we so loudly deplore. Gory glory seems to be a relish. The dust though deep, and the dirt though muddy, is nothing, if only recognition and salutation be effected. Yet I do not believe such men to be in the ascendancy either in numbers or influence in our profession. I believe by far the larger body is in the fields of silent conservative medicine, diligently and conscientiously laboring, oblivious as to whether their name gets enrolled upon the pages of worldly fame and consideration or not. Every successful doctor (as well as every other man) is to no small degree an original thinker, an actor, and to that extent independent and unaffected by the fire alarms and horn blowings of doctors Spiteful and Noisy. In this article I appear in defense of what I affirm, a life devoted to the study and practice of medicine, and that the motto of this life of nearly a quarter of a century as a physician has been, "to do as I would be done by," rendering honor to whom honor was due, and respecting my fellow man, when permitted to do so.

At the time of publishing the operation of Symphyseotomy, more than a year ago, the statement was made likewise as public, that any man was at liberty to publish any acts of my life that would prove me to be other than a truthful, faithful and active physician, content in silence, attentive to my own business, and alike fearless in the discharge of the same. Has not a sufficient time elapsed for those of my "fellow practitioners" and "members of the State Medical Examining Board" to have answered in substantiation of their charge that "no one was found who believed my statement?" This was an exhibition of the lowness and cowardliness that even doctors can loan themselves to, and all readers of the New York Medical Journal are acquainted with the facts in the case.

A little act during the recent Texas State Medical Asso-

ciation exemplifies the way falsehood and misrepresentation gain foothold. In this instance, I am led to think, such was not the thought or intent of the acting party. I have reference to a "resolution" offered by Dr. J. T. Wilson, in which he resolves, "that inasmuch as I claim the honor of having performed the three first Symphyseotomies, etc.," not only conveys erroneous impressions of methods of my life, but the affirmatives here made are simply not true. I have not, by word or action, claimed to be the first Symphyseotomist, not even of the county in which I live. I claim, do affirm and have proved, to the minds of men of national authority, that I have separated the symphysis pubis as long ago as April 29th, 1880, and twice since then. I further claim that the act in the first instance with me was original. The very manner of this performance is sufficient to convince anyone of this fact. Then where does the hankering after glory appear. If this act of Dr. Wilson had come from one of the "fellow practitioners" that had before taken part and succeeded in publishing a statement without their name, to the effect that "my story was preposterous," or from one that busied himself in a silent pilfering detective sort of correspondence having the "sub rosa" stink attached; I say if this had emanated from such a source, there would be nothing irregular or astonishing about it, but from the high-toned gentleman I think Dr. Wilson to be, there is due occasion to question the righteousness of the resolution. In settling a matter of this kind, as in any other proposition of individual acts to be submitted to the public (the medical profession), I understand the fact that there are two elements (opposing ones, too) that must be harmonized, to be attained in two ways. By the act of the arbitrators agreeing that every feeling and interest not relative to the subject matter to be adjudged shall for the time be dismissed from the mind. Now go to work. I know just what this means; I have been in that place to the extreme. For example, I had a misunderstanding with a man that led to such animosity that it was a positive determination that to speak to each other was the signal that one or the other should die then and there. Several years of daily meetings passed and finally a difficulty arose between another man and my enemy. During the few

moments of combat, my enemy sustained several knife wounds, the last of which severed the external and internal jugular and carotid vessels. I was present and the wounded man whispered to his nephew to ask me to do what I could for him. I thrust my fingers into the gaping wound and between fingers and thumb compressed the spouting vessels and by the assistance of men standing by and my son the vessels were securely ligated and the man lives, and there are few men except it be "those fellow practitioners" in Washington County, Texas, but know the circumstances as here related. There are those that respect manhood, that until man proves himself unworthy of respect and confidence of his fellow man, he is credited and believed. So let the evidence as rendered in my claim to having performed this operation (pubo-symphiseotomy) be scrutinized by the physicians of Texas and publicly or by letter express their convictions. I do not understand that there is any evidence in these cases subject, or in any way belonging to the profession, that has been withheld. I have published the facts just as they occurred, even the case of failure through ignorance or want of consideration on my part. Being desirous that every one interested in the matter, whether friend or foe, may understand, I shall again refer to the three operations by order of occurrence, especially the first operation. The original intent that led to the publication of these acts was the way or manner of effecting the operation, which we will submit in a future article.

During the course of dissecting, a classmate named "Jones," separated the symphyses pubis. The subject a rather old colored female. The mobility of the bones was noticed, but no mention was made connecting the act and that of parturition together, neither do I think the act in this connection was ever mentally handled with that end in view prior to encountering the difficulties in the first instance. For hours I had with increasing difficulty rotated the index finger about the cranial bones to hasten and complete the overlapping of the sutures and reduce the diameters of the head to conform to those of the pelvis. Finally the head imparted the sensation as that of a solid ball. Uterine contractions had no effect. In my efforts to force the index beneath the symphysis I noticed a yielding, wave-like motion. This



feature, accompanied by the determination to save the child and the desire to (at least temporarily) relieve the suffering, frenzied girl, and last but not least, there was a young physician much in need of relief. So under this series of inducements and circumstances, I thought of, resolved upon and performed MY first pubo-symphyseotomy.

The woman upon the back, one leg flexed so that the knee and one leg was supported against my breast and left shoulder, the other leg remaining upon the bed, though slightly flexed, the knee turned outward. The clitoris strongly displaced laterally, the knife a Tieman stiff ivory handle tenotomy, was inserted upon the flat with the back towards the displaced clitoris. As the blade was carried up the surface of the symphyseal union, the clitoris was set free and the overlying tissue (mons veneris) was raised by the hairy covering, the blade of the knife being held in the cutting position. The point was used to locate the true line of union, which, when discovered, the knife was grasped in both hands, in such a manner as to give me absolute control of its every possible movement. As the blade was being brought down the union of the symphysis, a steady sawing motion was effected, and before the blade was made traverse the line of union a perceptible relaxation was perceived. The knife was withdrawn, uterine contraction came on and I placed my hand over the lower abdomen and symphyseal union as a means of support. The contraction became powerful and in my efforts to control the patient, the thigh was quite forcibly flexed upon lateral surface of abdomen, which hastened and completed the separation of the disarticulated joint by a creaking, tearing sensation to the hand. The ends of the fingers and the overlying tissue could easily be depressed between the extended rami. The child was extracted by forceps. In my old case book appears the following memoranda: "This the most trying case of my life, in desperation of mind to effect delivery, while mother and child were alive, in absence of help, the pubic bones were divided with tenotomy knife and a twelve pound child delivered. Which before, I found impossible to pass finger about cranial bone of child, and failed to apply forceps.

"Strips of adhesive plaster were placed on sufficiently

long to reach back of the trochanters, of which the patient made much complaint." I consulted "Cazeaux" as to what I had done and received poor consolation. I went to a millinery and dress shop and ordered a strong bandage laced upon sides and back, and so on."

"April 30th, I find this memoranda: a charge of two dollars for a bandage made by Mrs B., to apply about pelvis. Patient complains of great soreness about hips, but no fever present; considerable swelling of external parts. Should my action result in the disabilities that I find credited to it, it would be bad, but anything is better than to have lost either of the patients at the time. Especially that of the child."

"May 1st. Complains of keen pains in and through hips, especially upon micturating, which is frequent. Some offensiveness about discharge."

"2nd. Feeling easier, except when upon side, which aggravates pains in hips. Much complaint of keen burning pains upon urination, which I find to come from bruising of meatus, and not from any injury by knife. Bowels act as result of enema."

"5th. Feels comfortable, except upon efforts to move. Bandage relaxed the least bit."

"7th. Bandage and dressing removed, I do not discover motion in bones. At site of cut is a well defined ridge. Parts bathed with tincture of arnica and camphor liniment. Bandages reapplied."

"15th. Patient feels well except pains and weakness about hips. Bandage made as tight as can be worn."

"28th. It now seems evident that there will be no serious following. Patient has walked out of room, yet a slight incontinence of urine present."

"31st. Patient walked out into the street and affirms that she feels none the worse from the act, but pressure upon the sides of pelvis and trochanters elicits deep pains that patient could hardly locate."

The subjects of this operation are living.

In 1884 in attending a woman 23 years old, primiparae, the head was yet high up, could be outlined above pubis. Upon examination a markedly flat pelvis was recognized, and

without further consideration, disarticulation of pubic joint was undertaken with a small folding tenotome. In my efforts the blade was wrenched from the shell handle. I finally succeeded in the undertaking by using a blunt curved knife. In first place I never considered how that the antero-posterior diameters would be very little benefited except by very extensive separation of the joint.

The bones were not inclined to separate as in the former instance, and had a stubborn unyielding feel. Becoming discouraged in this, the head was perforated by scissors. One of the parietal bones was removed for fear the sharp presenting edge would at an unguarded moment injure the surrounding tissue, and in order that I might be able to render a reasonable explanation of any mishap or bad following in this case, I remarked to the old lady present as I removed the bone that the sharp jaggy edges of the bone had lacerated the tissue badly and that we would possibly have trouble. The child was then extracted.

Where this operation is resorted to, it is reasonably considered in line of duty that every effort of position and fixation of the pelvis, tending to an extension of diameters, would be commendable, yet my object, I am free to acknowledge, was a perfect coaptation of the parts firmly retained in position.

It is possible that a division of the bones more to the side, as has been advised by some one, would be more feasible in cases like the above.

In 1889, was called to attend a colored woman, who was in confinement several days and at time of my visit was in a horrible condition. Urine not voided for many hours and terrible convulsions oft repeated. In this patient directly the opposite deformity was present as in former case. From side to side, or lateral. The tuberosity ischii very prominent and the rami long, approaching near together. The pubic arch very much like an inverted V. The ovoid flattened "caput succedaneum" filled the vulvae. The epidermal of the former, with the mucus membrane of the latter, denuded, tumid and dry. I failed to effect the passage of a catheter. The many old women present affirmed that no movement had taken place since the onset of convul-

sions (thirty hours or more). I asked permission to resort to "Caesarian section" and explained its meaning. With one voice they said no. In view of the fact that the head was firmly wedged down in the pelvic cavity, and while I thus considered "what is best to do," the landlord came to my rescue and said for me to do what I thought best; that he would assist. Under the flickering dusky light of the "snuff bottle lamp," one leg was maintained flexed against the side of abdomen. The symphysis pubis was separated by a blunt curved knife used from above down and forward, which being mechanically wrong, however, was easily effected in this instance. The separation of bones was free, and the child easily and quickly extracted by forceps.

The drawn-out elliptical head of child was remoulded in my hands, mucus cleared from mouth, and after considerable efforts of hot and cold water plunging, compressing chest and suspended by the feet, the child revived and lived. The night of the fifth after the operation, after loud, long prayers by the brothers and the shouting and wailing of the sympathetic, imaginative sisters had ceased, all indulged a refreshing nod; the woman escaped from the house and was found some hundred yards away; being returned to the house, she died some hours afterward.

This article is respectfully submitted to the profession, to serve as a "pen picture" of the character and mode of my life as being reserved, unpretentious and at all times endeavoring to live up to the obligations and teachings of the Hippocratic Oath, as administered to the members of the Miami graduating class of 1876. A simple statement of experience and facts as have occurred to me in relation to Subcutaneous Pubo-Symphiseotomy. Consider, Resolve, Act. My desire is to remain with malice to none but good will to all.

### Amblyopia and Amaurosis.

BY S. L. M'CREIGHT, B. S., M. D.,

Lecturer on Ophthalmology, Post Graduate Medical School, Attending Eye and Ear Surgeon to West Side Free Dispensary, Chicago.

The terms amblyopia and amaurosis are often used interchangeably, whereas there is a vast difference in the mean-

ing of the two words. The former has reference to the visual acuity after correction with glasses, and when it does not come up to the standard we use the term amblyopia to express the fact; while amaurosis means complete or almost complete blindness.

Amblyopia is the result of defects in any part of the visual apparatus. It may be congenital or acquired. A faint nebula on the cornea is, perhaps, the most common cause, and is best seen by oblique illumination. Irregular astigmatism and conical cornea are among the defects in the anterior part of the eye which cause amblyopia, and are not always easily detected. Defective vision, congenital or otherwise, often escapes observation unless well marked. It is often found out at school. Lamellar cataract, for instance, is rarely discovered till the period of school life. The higher degrees of congenital amblyopia are sometimes associated with nystagmus. It may and does frequently occur without any marked objective cause. The degree of amblyopia does not always correspond, by any means, to the defect. When it is confined to one eye it frequently passes unobserved for a long time, unless associated with strabismus. Sometimes unilateral congenital amblyopia passes unnoticed and is not discovered till late in life, and then, perhaps, by some trifling accident. Sometimes it is Simulated, but that is very rare in this country. The deception is detected very easily. The defect may be bilateral or unilateral, the latter being most common and most easily detected. The certainty of diagnosis depends somewhat upon the degree of pretended blindness. Among the various tests, the most common are, Snellen's colored letters and by means of prisms.

A good many cases of amblyopia and amaurosis occur more or less suddenly. There are no ophthalmic changes discernable. The diagnosis must be made from the history. When in course of serious illness or convalescence following scarlet fever, puerperal fever, albuminaria, etc., the prognosis is favorable if the pupils are active. Amblyopia and amaurosis following severe hemorrhage usually results in atrophy of the optic nerve. The prognosis is worse in unilateral amaurosis after a severe fall on the head. There may be laceration of the optic nerve or hemorrhage into the sheath. Atrophy, to



to which this lesion gives rise, is not visible ophthalmoscopically till after some time.

Blindness in young children after severe cerebral symptoms is not often accompanied by ophthalmoscopic changes, and is due, no doubt, to interference with functions of visual centers. They are often partially recovered from, but even in cases where the pupils remain active, permanent blindness remains. There are rare cases of blindness from lightning, but no proper explanation has as yet been given. The prognosis is not very favorable, although some cases do recover.

The most interesting cases of amblyopia without ophthalmoscopic changes are the reflex and hysterical forms. Reflex irritations may proceed from the teeth, stomach, intestines, uterus or ovaries, and the amblyopia to which they give rise, after persisting for months, often disappear quite suddenly after removing the source of irritation. Very little is known of the exact pathology of these cases. There are vaso-motor disturbances, no doubt, but whether of the retina or centres of vision is not clear. The former appears more likely, as they frequently exhibit symptoms of anaesthesia, or by per-anaesthesia of the retina, the fields of vision of both eyes as a rule being concentrically restricted, while central vision is not much impaired. In some cases there is better peripheral vision in subdued light. The cases of complete hysterical amaurosis are the most extraordinary, both in regard to the symptoms and the suddenness with which, under emotional excitements, they may be recovered from. There is in such cases a withdrawal of the attention from the impressions received by visual centers, whilst at the same time a kind of more or less perfect unconscious perception of them remains.

103 East Adams Street.

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Dr. S. S. Crockett, of Nashville, Tenn., holds that since the atypical cells of cancer must originate from pre-existing atypical cancer cells, if all the atypical cancer cells are removed, in cases of cancer, there can be no so-called recurrence of the trouble. But if atypical cancer cells are left, these may proliferate and thus produce a so-called recurrence of cancer.

**The Morphine Habit.\***

BY N. J. PHENIX, M. D., HOUSTON, TEXAS.

This is a subject to which the average physician gives very little attention. The unhappy victim of the morphine habit is usually left alone to contend with his vice, or he is relegated to the quack for treatment. His family physician gives him no encouragement, and he is lead to believe that his case is a hopeless one, or that he must go abroad in search of a "specialist" who will administer some mysterious remedy, or exercise some occult or supernatural power that will free him from his bondage.

The morphinomaniac is looked upon by his associates as an evil doer, his habit regarded as a crime and his friends tell him that the way to abandon the practice is to "quit." But the demand for the drug is imperious and irresistible and no amount of moral suasion will be found sufficient to induce him to break off the habit.

*Ætiology.*—Morphinism prevails among the neurotic. Professional men, persons suffering from protracted nervous disorders, prostitutes and people whose vices or cares of life make special demand upon the nervous system are predisposed to the habit. The vice originates usually in the legitimate employment of opiates for therapeutic purposes. Protracted, painful diseases—neuralgia, angina pectoris, painful wounds, dysentery and many other conditions calling for the continued use of opiates are apt to lead to the morphine habit. The hypodermic tablet, granule and triturate made in any size doses the patient may desire, and dispensed indiscriminately by druggists, too often prescribed by physicians, and many times left to be given at the discretion of the nurse or patient, are responsible for many cases of morphinomania.

It matters not for what purpose the drug is given, the habit of relying upon large doses is easily established and when once formed the daily quantity is hard to reduce. The size of the dose is gradually increased until the maximum limit is reached, which is sometimes an enormous quantity. DeQuincey used from 50 to 150 grains of opium a day, and

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\*Read before Houston District Medical Association, May 11th, 1896.

often took as much as 320 grains in twenty-four hours. It is alleged that Coleridge took 640 grains of opium with impunity. Dr. Chapman relates that in a case of cancer of the uterus the quantity was gradually increased to three pints of laudanum besides a considerable quantity of opium in the same period. Dr. W. S. Groom, of Britt, Iowa, reported in the New York Medical Record, a case of a lady who took 30 grains of morphine every day. Since his report, Dr. J. S. Kennedy, of Washington, Ontario, reported a case in the same journal of a young man twenty-six years of age, apparently strong and vigorous, muscular system very fully developed, who used 60 grains per diem hypodermically—30 grains night and morning. Dr. M. J. Sweeny, of Kane, Pa., reported a man who took 60 grains at a single dose. Dr. L. S. Openheimer, of Bartow, Fla., reported in New York Medical Record, that in his twenty years of general practice he had seen not less than twenty persons who were taking a full drachm of morphine every twenty-four hours. Dr. Openheimer further states, “a man of my acquaintance, Mr. B. C. F., has authorized me to use his name in reporting the fact, that he to-day began his thirty-second drachm of morphia in thirty days, all purchased from one store. He attends to his daily business about as well as the average business man. This is not a rare case, but is mentioned because of its illustrating the above.”

There is a woman in Houston who takes a single daily dose of 30 grains of morphine by the mouth and she is still able to do hard work. I knew a lawyer who drank whisky, ate cocaine and took twice a day, 15 grains of morphine hypodermically, and still practiced his profession, but when I last saw him he was a pauper, incapable of attending to business.

Effects.—Although the majority of those addicted to the opium habit suffer more or less impairment of the health, and many prematurely die, it should be known that the vice does not always entail such serious consequences. Many cases are recorded in which the daily use of large quantities of opium has been kept up for years with little or no impairment of health and with no appreciable effect upon the patient's longevity. As a rule, however, the system after a time becomes saturated with the poison, which creates a disturbance in the func-

tions of all the organs in the body. The drug diminishes the oxidation process upon which assimilation and disassimilation depend, nutrition is disturbed, resulting in loss of appetite, indigestion and emaciation; the secretions of the liver and kidneys are diminished, the bowels are constipated, the breath offensive, the skin is muddy and cadaverous, and the face and eyes expressionless. The action of the heart is often weak and irregular. The central nervous system is early and strongly impressed. Opium, like chloral, alcohol and other narcotics, causes the functional activity of the cortical ganglia to become suspended, blunting the sensibilities and destroying those finer qualities of intellect which elevate a man's character above that of the brute. The unhappy victim suffers from insomnia, nightmare, hallucinations, hypochondria, loss of memory, inaptitude for business. His ability to make mental application is absent: he becomes treacherous, suspicious and untruthful. Some of them may be honest in business and reliable in all matters except those pertaining to their vice; but they will lie, cheat, steal or resort to any means to procure the drug or conceal its use. Extremely few will acknowledge the habit, and even these are very sensitive regarding any reference to their use of the drug, or its effects upon them. The morphinist is usually dreamy and listless, but a full dose will for a time restore him to a feeling of well being and he is able to work; his intellect may be unusually bright, and sometimes he is joyful and loquacious, but the relief is very transient, and he soon sinks into a state of despondency, or even despair: he feels a remorse and a wretchedness and prefers to be alone. DeQuincy says, "Guilt and misery shrink by a natural instinct from public notice; they court privacy and solitude, and even in the choice of a grave will sometimes sequester themselves from the general population of the church-yard, as if declining to claim fellowship with the great family of man, and wishing, in the affecting language of Mr. Wordsworth,

"Humbly to express,  
A penitential loneliness."

The functions of the reproductive organs, both in the male and in the female, are seriously impaired. In some individuals the moderate use of opium seems to increase their sexual

desire and powers, but this effect is speedily lost upon the continuation of the habit, and sexual weakness is manifested in the male in all degrees, even to complete loss of sexual power and desire.

Levinstein states, "that in no cases coming under his observation did the wives of morphomaniacs who had injected as high as fifteen grains of morphine a day reach the full term of pregnancy for two years prior to the treatment, notwithstanding the fact that they were still young, that they had borne children before their husbands had become addicted to morphine, and that they had not up to the time of the formation of the habit by their husbands, suffered from premature accouchments."

In women the morphine habit first produces menstrual irregularities and later, amenorrhoea and sterility.

After they have been cured of the morphine habit the sexual functions in both men and women are re-established.

Most habitues have made innumerable attempts to abandon the habit or reduce the quantity. It is not difficult to reduce the quantity to a certain limit, but after that, the suffering becomes so intolerable that extremely few have the will power and endurance to continue a further reduction. The unhappy victim resolves and promises and brings into requisition all the will power that it is possible for him to command and makes a desperate effort to extricate himself from his terrible bondage. He will be allured with his apparent success during the first few days, for he can cut off one-third or even one-half of his accustomed ration of the drug without great inconvenience, but where he advances beyond this point a feeling of languor ensues; his limbs and back begin to ache, his appetite fails, he suffers from mental depression, irritable temper, pain in muscles and limbs, insomnia and restlessness. If the drug is withheld altogether, these symptoms increase, he suffers precordial and epigastric distress; the face is flushed or cyanosed, the heart's action becomes irregular and feeble, the insomnia is followed by extreme depression, hallucinations, or even acute mania. Yawning, coughing, sneezing, lachrymation, salivation, nausea, vomiting, colic, diarrhoea, colliquative sweats, syncope, variation in the contraction and dilation of the pupils, epileptiform and hyste-



rical seizures and various other phenomena indicating extreme shock to the entire system, will appear with more or less frequency in the majority of cases.

No individual will be likely to suffer from all of the symptoms enumerated above, but the suffering will vary according to the duration and extent of the habit and general condition of the patient. The most dangerous of all the withdrawal symptoms is the collapse, which has in some instances proved fatal.

Prophylaxis.—The modern physician, as a rule, has learned to estimate the importance of guarding against the formation of the morphine habit in his patients, but we regret to have to acknowledge, that a large proportion of habitual narcotism is due to the thoughtlessness and negligence of medical men.

When a narcotic is prescribed, the name of the drug as well as the dose, should be concealed from the patient. If it becomes necessary to continue an opiate for any painful affection, until a morbid craving for the drug has been established, it is the duty of the physician to see that the craving has been overcome before the case is dismissed. On no account should a hypodermic syringe be left in the hands of the patient so that he could contract the habit of using it himself. Physicians are often censured for producing morphomaniacs, when the druggist is really at fault. The prescription, which was intended to be filled only once, has been repeatedly filled by the druggist, without the knowledge or consent of the physician. There are druggists in Houston, now, making a living selling narcotics. Until we have efficient laws regulating the sale of narcotics, the morphine and other drug habits will continue to increase.

The Curative Treatment.—The treatment of the morphine habit is important on account of the suffering and misfortune it entails, and because it is not a self-limited disease, there being little or no hope of the patient's recovery without medical assistance.

If the physician would succeed in treating morphinism, he must exercise great judgment in the selection of his cases. He must bear in mind that his responsibility does not cease with the active management of the patient until the habit is

completely broken, but he must continue a personal influence and supervision over the case as long as may be needed to prevent a relapse.

It is useless to attempt a cure unless the patient has an earnest desire to break off the habit. The hearty co-operation of the patient and his relatives or friends, is essential. This cannot in many instances be obtained in the patient's private home. The doubts, sympathies, criticisms, remonstrances and even active interference of the patient's friends, or relatives, tend to weaken the authority of the physician, and to interfere with his management of the case. Some foolish but sympathizing friends or relatives may cunningly convey from time to time new supplies of the coveted drug. The habitue is usually void of candor and truth, and his sense of right and wrong is considerably blunted; this, together with his bodily suffering, demands great sagacity and long continued watchfulness on the part of the physician.

The patient must surrender himself to the complete control of the physician and nurse throughout the entire treatment. If this cannot be done at home, it is better to seclude him in some private boarding house or in a sanitarium. Extreme caution should be exercised in the selection of a nurse, for if a mistake is made in this, the treatment will more than likely prove a failure. The proper place being selected, and suitable attendants procured, the next question will be the method of treatment.

There are three methods of withdrawal commonly recognized:

1. The gradual method, 2. The sudden method, 3. the rapid method.

The first two I mention, only to condemn. Twenty to forty days is about as much time as the average patient is willing or able to devote to treatment. If all this time is consumed in withdrawing the drug no time is left to build up the shattered nervous system and re-establish assimilation, and relapse is almost certain to follow when the patient returns to his avocation. The sudden method is dangerous, cruel and irrational. If the patient does not die of collapse, it is no doubt an effective treatment, but the third method, or rapid withdrawal, is both safe and effective; the suffering is not so

intense as in the sudden method, and there is sufficient time left after withdrawal, to enable the patient to regain his former strength.

By the third, or rapid withdrawal method, the morphine is withdrawn as rapidly as possible without endangering life or occasioning intolerable suffering.

The time usually required for this is from six to twelve days. In cases of extreme debility, if the habit has been long continued and the amount of the drug used is large, the time may be extended to fifteen days, but it will not be often necessary to prolong the withdrawal beyond ten days.

During the first day's treatment, one-third of the usual daily ration may be cut off. Patients often confess to using more than they actually take. In many cases, one-half of the amount the patient claims to use, may be cut off the first day. After the first day, the total amount administered may be cut down to two-thirds the amount given the preceding day, continuing this gradual daily reduction until a fraction of a grain is reached. Supposing the patient uses 15 grains a day, the following table will illustrate the plan for withdrawing the drug in ten days:

Day of treatment..	1	2	3	4	5	6	7	8	9	10
Tot.am't of morph....	10gr.	6 $\frac{2}{3}$ g.	4 $\frac{1}{2}$ g.	3 g.	2 g.	1 $\frac{1}{3}$ g.	1 g.	$\frac{2}{3}$ g.	$\frac{1}{2}$ g.	$\frac{1}{4}$ g.

This table illustrates a general plan which must be varied by the physician to suit each case. The daily allowance should be divided into doses, and administered at intervals during the twenty-four hours, according to the previous habits of the patient.

It is generally better to give the largest potion just before the patient retires for the night. This will assist him to procure as much rest as possible.

To Erlenmyer, should be given the credit of devising this method.

Dr. Mattison of the Brooklyn Home for Habitues has devised a plan of sedation by bromides during the withdrawal of narcotics. On the first day, 20 gr. of bromide of soda, or bromide of potash may be given every four hours. Increase the dose 10 gr. each succeeding day until 40 gr. doses are reached. This amount may be continued every four

hours as long as necessary, keeping the patient under the maximum effect of the bromide, as he reaches the minimum dose of morphine. This sedation with bromides will greatly alleviate the suffering. If the patient cannot sleep, a dose of chloral may be administered, provided the heart's action is not too weak-

During the whole course of treatment special attention should be given to the nourishment. Milk, eggs, concentrated broths, etc., with stimulants and tonics, should be freely given. Hypodermics of 1-30 to 1-20 gr. of the sulph. or nit. strychnia administered three or four times a day, will prove very effective in supporting the patient and guarding against relapse.

The special symptoms that will require attention are, restlessness, pain in the back, limbs and muscles, diarrhoea, colic, vomiting, collapse, delirium, hysteria, and mental disturbances.

For the restlessness, warm baths, bromides, chloral, etc. judiciously used, will in most cases give relief. The diarrhoea may require astringents, and more or less opium by the mouth. I think laudanum the proper form in which to give it.

The most important symptom is the collapse, which should be zealously watched, and promptly treated. Upon the first appearance of "irregularity of the pulse and respiration, pallor and lividity of the skin and mucus membranes, or feeling of faintness," an injection of 1-3 or 1-2 gr. of morphine should be made. This dose should be repeated every ten or fifteen minutes until the dangerous symptoms subside. Atropia, strychnine, coffee, alcohol, and other stimulants should be used if necessary.

For the delirium, hysteria, and mental disturbances, use alcoholic stimulants, and if necessary, a little morphine.

Other symptoms which appear during the withdrawal period, must be treated upon general principals.

Fortunately, the severest symptoms will, in a few days, pass off, and the patient will think himself cured, and ask to return to his business, but this request must not be granted until he has remained at least fifteen or twenty days, to re-

establish his mental and physical equilibrium, and thoroughly rid himself of any appetite for the drug.

Upon releasing the patient he must be forcibly warned and carefully watched, to guard against relapse. Every factor that entered into the formation of the habit, must if possible, be removed. He should not be allowed to resume the cares and worries of business too soon. His associates must keep constantly in mind the dangers of relapse, for upon their efforts his chance for final success will largely depend.

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#### **Adverse Reports on Anti-Tubercle Serum.**

In the North American Practitioner, May, 1895, Professor John A. Robinson says: "My experience in the serum treatment of tuberculosis has been limited to five cases, and the results have not only been disappointing but have been disheartening. The ardent adherents of this system of treatment may say my experience has not been extensive enough, but no form of treatment should be advocated if we know it will endanger one human life, when there are other methods of treatment which give as good results in the majority of cases, without placing the patient in jeopardy."

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#### **Traumatism and Tuberculosis.**

The general discussion as to the contagiousness of tuberculosis has led to the publishing of many cases of tuberculosis following an accident to the lungs in perfectly healthy persons. Some ascribe it to the locus minoris resistentiae, and others believe it is caused by contagion in the hospitals where the traumatic cases are carried for treatment, while Kelsch asserts that it is due to autointoxication from some latent, unsuspected tuberculous lesions, which he states are found in two-thirds of the necropsies of young and old alike, who die from any cause, athrepsia excepted.—Jour. Am. Med. Ass.



# Southwestern MEDICAL RECORD.

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## EDITORIAL DEPARTMENT.

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IMMUNIZATION.—The most interesting subject in medicine to-day is immunization. Can we render the body immune from all contagious diseases? This is the question of all questions to the lover of the practice of medicine. He is watching and scrutinizing carefully individual cases and eagerly watching statistics, which he knows represents both the lie and the truth, as they are given to him in reports, etc.

Science with all of her laboratories is busy; she leaps with enthusiasm and energy at unknown truths, but in medi-

cine, science must wait for the often slow and plodding practitioner to tell her when she has found the jewel.

The question of immunization is not a settled one, for positive medical men of eminence on both sides of this question prove it a controverted one, and the profession at large have yet to solve this question. But there must be no rest until it is done. The Koch lymph was a failure, and we believe that diphtheria antitoxin is also, and that it would go to the wall quickly were it not for the manufacturing establishments who are reaping such rich rewards from it.

It seems to us that an antitoxin should be a specific, or nothing, so far as treatment is concerned. Just as vaccination for small-pox. In theory, antitoxin should be a specific, if anything, just as much so as the specific nature of the virus causing the disease. It should be a specific, dealing death to a specific. To claim that antitoxin lowers the death rate 20 to 30 per cent, is to our minds, equivalent to acknowledging that it is worthless, for if it be but a better treatment it is nothing. It may prove however that it is less harmful, or that no treatment is better than that formerly used. It should not be forgotten by those who rely on, and are carefully observing statistics, that synonymously with the advent of the antitoxin treatment, came the microscopist who found Klebs-Loeffler bacilli in almost every sore throat, and that a diagnosis of diphtheria has been given, whereas before the day of the throat microscopist, it would not have been diagnosed as diphtheria.

B.

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PHYSICAL AND SPECIAL SENSE EXAMINATION OF CHILDREN APPLYING FOR ADMISSION INTO SCHOOLS.—The importance, value and beneficial results of an examination, by a competent person, of all children who apply for admission into our public schools cannot be over estimated, or under apprecia-

ted to the child, parent, or state. The United States Army and Navy regulations, governing the admission of soldiers and sailors, require the most thorough and strictest kind of a physical examination. The eye is examined, as to both color and form; the ear for accuracy of hearing; height, expiratory and inspiratory chest measurements, etc., are also recorded, and if there be a defect in any of these the applicant is rejected. The object of the government is very apparent, and consists in the effort to procure men who are physically sound—in other words, good fighting men.

We of this and past generations have indolently permitted our children to make a beginning in an educational course without the slightest thought as to whether the child is or is not handicapped by some defect of his special senses. Backward and stupid pupils are permitted to crawl slowly along, always behind in their studies, dull of intelligent comprehension, suffering from headaches, eye-strains and impaired hearing, and with very little thought given to the permanent improvement of their condition and place them so that their special sense can be fully exercised and utilized for the various studies of their grade.

Mr. A. S. Whitney (Dietetic and Hygienic Gazette, May, '96, p. 30), of Saginaw, Mich., as a result of some investigations on child study corroborated the position above assumed. In a class, whose collections had been going on for two years, consisting solely of dull and backward pupils, an examination of hearing and vision demonstrated the fact that all the children composing this class had impaired hearing and defective eye-sight—thus clearly indicating between cause and effect. We suggested (Texas Sanitarian, Sept., '95, p. 451) the prophylactic advisability of examining all applicants for admission into public schools for visual defects etc., and if any be found their correction insisted upon. In this way children with defective eyesight can be assigned to

places in the class-room where they could more distinctly hear the teacher and procure good light. Among other details in a record of this examination there should be recorded the condition of vision and hearing; the family history is also of the utmost importance, for children of consumptive antecedents should receive more than ordinary care in the way of fresh air, exercise, and carefully watched for any sign of overwork or fatigue.

J. A. M.

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CONCERNING MEDICAL LEGISLATION IN TEXAS.—One would suppose from reading the Texas Medical Journal that it wanted to be the whole state, medically. It wants to make all the laws pertaining to the practice of medicine and dictate control of quarantine regulations. We beg to inform the “Red Back” that there are quite a good many medical men in Texas and a few medical journals, and it is exceedingly presumptuous for it to assume so much and take so much of the burdens on its already bleeding (Red) and burdened shoulders. The “Red Back” also shows more prejudice than argument in denominating homeopaths quacks. We do not believe in the theory of Similia Similibus Curanter; only a very few people do, and of those few who profess to, most of them simply believe in less drugs, and they have been driven to it mostly by over-zealous believers in drugs and by gross abuses of drugs upon the part of the members of the regular profession. While we do not believe in the homeopathic theory, we do not believe in denominating them quacks. A few of them may be, and are, and ’tis so of the regular school. A quack is a boastful, dishonest man. He boasts by mouth and press of abilities and skill that he knows he does not possess. With a knowing face, and assertive tongue, aided by a dishonest heart, he makes the most positive statements and assertions, of his skill and of his cures, and usually promises to cure everything. He is the modern specialist of a life-

time experience in whatever particular disease his present patient may have. These strong assertions are given the sick and the weak, who, like the drowning, will grasp at a straw. These men are vipers. Hell knoweth not their equals. They are ghouls of the lowest and deepest dye. There may be various degrees of quackery. When homeopaths open an office, and in a quiet and unostentatious manner, as many of them do, practice their profession, and base their reputation upon their results as practitioners and respected citizens, are not migratory, but remain and face results and allow the people to judge of their fitness in general to practice medicine, and are willing to abide results, these men should not be called quacks. Are we egotistical enough to call every man a quack who honestly and conscientiously differs with us in therapeutics? Then I venture the assertion that the "Red Back" will call us a quack, and we the "Red Back." We do not want to denominate the honest, conscientious man who differs with us a quack. Down with the creeds in medicine, as well as religion. Let us live above them, each following the light of truth as he knows it, and as he learns it. Let us fight quackery in whatever form it shows its monstrous head and let us do it with a united effort.

Quackery is not confined to the ignorant, and together with his knowledge and unctious money, he generally glides safely through the examining boards. Our objection to the proposed medical law for the state, is that you cannot shut out quackery. As we understand the bill, the board can cancel any license, when upon satisfactory proof it shall appear that any physician licensed is guilty of gross immoral conduct or convicted of crime. If every man now practicing medicine in Texas, held a license to practice, by giving the accused the benefit of the doubt, which the law always does, this bill, were it a law, would not shut out five of the many quacks practicing medicine in Texas to-day. If this pro-



posed law would not shut out quackery, what will it avail? As for ourself we would rather roam at large with the quack, than to be fenced into an aere lot with him. It has been our observation that the quack is always on the inside of the fence. If he cannot get in by his knowledge and gold salve unetion, used on the board, as before mentioned, he sometimes grows up inside the pastures; and if there is no ready and easy way provided to get him out when once in, by whatever means of entrance, we say do not fence us in.

We do not believe in class legislation. We believe the law of the survival of the fittest should obtain in medicine, as well as in other vocations of life.

What the public needs for its own protection is not so much a law requiring skill and education, as one requiring common honesty in the medical profession. In twelve years' experience in active practice of medicine and surgery, we can say by far the greater number of maltreated cases coming under our observation was the fault of honesty, and not of ignorance, for neglect or lack of known duty, is but dishonesty in medicine.

Let us, homeopaths, eclectic, all, make a united effort to shut out the dishonest man wherever he may be found, if we make a medical law. If this is not the object give us no law. Let the individual protect himself rather than rely on the state, and have her a poor servant. B.

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AT THE mouth of Clear Creek, where it empties into Galveston Bay, the La Porte road is making extensive excavations in a shell bank. The laborers, at this work, report the finding of numerous human skeletons. The greater part are bones of adults, but occasionally those of children are found. The rule is to find them in groups of four to six, and frequently in a sitting position. Sometimes as many as seventy-five are removed in a single day; and it is not unusual

to keep up the rate for a week at a time. Six to fifteen feet beneath the surface is the ordinary depth at which they are found. Various rumors are afloat as to the origin of this find. Some claim that it is where Mexican soldiers were buried during the wars of 1836 and 1846. This view is untenable from the fact that the battle ground of San Jacinto is fifteen to twenty miles distant and no battle during 1846 was fought anywhere near that locality. It is most probably the burying ground of some Indian tribe, now long since extinct. And they have left their matchless ivory teeth, bleached bones and buckhorn trinkets to remind us that the sea may some day come quietly, noiselessly 'neath nature's deep base and lay tiny shells over our graves till they are ruthlessly brushed away by some future vandal's steam shovel. SEE?

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THE LATE president of the American Medical Association at Atlanta seems to have been disgruntled. He severely criticised his professional brethren for too hasty resort to the knife in all possible operative cases, without giving medicine an opportunity. Since his address was professedly a review of progress during the past year, he would better have said that greater conservatism had been manifested during the past year than for decades before. Truly wonderful, scientific, skillful surgery has been the characteristic of 1895, and as we look back, we affirm that never could a time be found when venturesome surgery was sanctioned by the profession, or an influential part of it.—Ohio Medical Journal.

How about all of those ovaries that have been removed the past few years, and which the fadists themselves now decry? How about those surgeons (?) who reported, often, a large number of laparotomies, with but one or no deaths, and from which report the profession could only gain the information that the great and learned Dr. "I" could get his skillful hands into so many abdominal cavities with so few or no deaths?

B.

## PROGRAMMES.

Programme of the sixth semi-annual session of the Central Texas Medical Association. Convenes at Waco, Texas, Tuesday and Wednesday, July 14-15, 1896.

## SOUTHWESTERN MEDICAL RECORD:

It is our pleasure to extend to you a cordial invitation to attend the sixth semi-annual meeting of the "Central Texas Medical Association," which convenes in Waco on the second Tuesday in July.

Our Association means to be practical, and whether in the exchange of originality in ideas, or of mutual council and criticism, its one object is the promotion and development of the healing art, the self-respect and welfare of its votaries, and the relief and benefit of human ills. "Let us lay aside the cumbering and carking cares of life to meet in social conclave. Thyself and thy belongings are not thine own so proper as to waste thyself upon thy virtues, they or thee. For if our virtues did not go forth of us, it were all alike as if we had them not."

Fraternally yours,

J. CROSBY SHAW, M. D., President.

## PROGRAMME.

1. Retained Placenta After Abortion, and its Treatment. Paper by W. C. Blaylock, of Kosse. Discussion by J. M. Frazier, of Belton, and J. W. Hale, of Waco.
2. Dyspeptic Diarrhœa of Children, and its Treatment. Paper by W. F. Greer, of Cameron. Discussion by S. M. Jenkins, of Summer's Mill, and C. T. Young, of Waco.
3. Alimentation in Fevers. Paper by W. M. Woodson, of Temple. Discussion by J. H. Sears, of Waco, and P. M. Kuykendall, of Moody.
4. Medical Legislation. Paper by J. D. Law, of Salado. Discussion by W. W. Wilkes, of Waco, and Daniel Parker, of Calvert.
5. Primary Syphilis, its Diagnosis and Treatment. Paper by W. D. Rogers, of Temple. Discussion by A. M. Curtis, of Waco, and W. M. Droke, of Hillsboro.
6. Hypnotism, and its Value in the Treatment of Diseases. Paper by R. W. Park, of Waco. Discussion by M. D. Knox, of Hillsboro, and R. P. Talley, of Temple.

7. Anæsthetics, and the Best Modes of Administration. Paper by Taylor Hudson, of Belton. Discussion by J. W. Hale, of Waco, and W. R. Blaylock, of McGregor.
8. Prevention of Uterine Diseases Due to Child Bearing. Paper by A. E. Spohn, of Corpus Christi. Discussion by H. C. Ghent, of Belton, and J. C. J. King, of Waco.
9. Urinalysis. Paper by R. B. Sellers, of Waco. Discussion by Wellborn Barton, of Salado, and J. M. Strayhorn, of Bartlett.
10. Prevention and Treatment of Ophthalmia Neonatorum. Paper by E. C. Gordon, of Lott. Discussion by W. F. Cole, of Waco, and R. C. Nettles, of Marlin.
11. Prostatitis. Paper by S. D. Davison, of Reagan. Discussion by W. A. Howard, of Waco, and T. J. Hubbert, of Hico.
12. The Best Hypnotics, and their Indications. Paper by J. B. Young, of Moody. Discussion by J. B. Harn, of Patrick, and O. I. Halbert, of Waco.
13. Dislocation of the Ovaries. Paper by A. H. Snead, Waco. Discussion by J. T. Vallient, of Killeen, and J. H. Witt, of Eddy.
14. Biliary Calculus—Its Medical and Surgical Treatment. Paper by J. W. Hale, of Waco. Discussion by J. E. Brown, of McGregor, and W. T. Baird, of Dallas.
15. Otorrhœa in Children. Paper by Joseph R. Anderson, of Waco. Discussion by R. J. Pope, of Jonesboro, and C. Guy Reily, of Waco.

J. CROSBY SHAW, M. D., Prest., Stranger, Tex.

MARVIN L. GRAVES, M. D., Sec'y, Waco, Tex.

## NEWS AND MISCELLANY.

Dr. R. Rutherford is off to Waukesha, Wis., for a two months' vacation.

Of 10,000 Illinois prescriptions, one-fourth were of proprietary medicines.

If on the first day the fever rises to  $105^{\circ}$ - $106^{\circ}$ , the fever is neither typhoid nor typhus.

Thirty cases of small-pox were reported in and around Paris, Texas, during May.

Insurance companies claim that cycling is more dangerous than traveling either by railway or ship.

The British Medical Association will hold its next annual meeting in Carlisle, July 28 to 31, 1896.

**ELECTROCUTION.**—After July 1, 1896, Ohio will execute her murderers by electricity instead of hanging.

In our June number we see a clipping on "Military Tuberculosis." Instructions have been given the "devil" to call a halt.

The Esquimaux gives the doctor his fee as soon as he comes. If the patient recovers he keeps it; otherwise he returns it to the family.

Dr. W. W. Lunn, of La Grange, has come to Houston to practice medicine. His office is in the Binz building. We welcome the doctor to Houston.

A Swiss scientist has been testing the presence of bacteria in the mountain air, and finds that not a single microbe exists above an altitude of 2,000 feet.

June 15th R. M. Swearingen, M. D., state health officer, in his usual florid style, addressed the literary societies of the State University, on "Immortality."

Dr. Guy Hinsdale, Philadelphia, has in his possession, a human skull whose point of greatest thickness measures one and three-eighths inches. This is likely the thickest skull on record.

**INFECTION FROM HEIRLOOMS.**—An English bacteriologist examined some tapestries that have hung for generations upon the walls of a country mansion, and found them teeming with bacteria of consumption.

It is stated in the Hospital that the medical society of Berne is endeavoring to prevent the publication of notices of cases of suicide. It has been observed that suicides are frequently suggested by these means.

**CHEAPER GOLD.**—Prof. Hunicke says he has discovered a process by which, he claims, \$10,000 worth of gold can be obtained from sea water at a cost of \$1, every ton of water yielding from 2 to 4 cents' worth of gold.

Dr. Burt G. Wilder, Ithaca, N. Y., states, that for the 500 parts of the brain, there are 10,500 different terms. Through his continued and persistent effort an attempt is being made to simplify cerebral nomenclature.

Professor Wortoff, of Moscow, who held the chair of bacteriology at that university, has died of blood poisoning caused by a wound in the neck, inflicted upon him by the explosion of a flask containing a bacterial culture.

Alcohol, of all drugs, seems most potent to impress cell growth and function. No fact is more firmly established



than that alcoholic ancestors will transmit to their children a defective brain and nerve power.—Dr. T. D. Crothers.

The profession of America has a worthy leader in Dr. Nicholas Senn, the newly elected president of the American Medical Association. He is not a medical "fadist," and this is saying much for a man, in this age of "fadism."

Dr. I. C. Ross, Washington, in an article entitled, "Newspaper Rabies," states that "it (rabies) is not recognized by many prominent physicians." We are led to exclaim, in the language of the Ethiopian, "The sun do move."

Dr. John B. Murphy, of Chicago, the inventor of Murphy's button, is probably making more money at the present time than any other surgeon in the world. He is said to have received \$50,000 within three months for appendicitis alone.—Monthly Retrospect.

Shakespeare may have been right when he said "There is nothing in a name," but at that time he had not seen the following: "Balneological and Climatological Society for the Encouragement of the Theoretical and Practical Study of Balneotherapeutical and Medico-Climatological Methods."

The Second Pan-American Medical Congress will meet in the City of Mexico on the 16th, 17th, 18th and 19th of November the present year. Dr. J. B. Hamilton has been appointed vice president of the Auxiliary Committee at Chicago, to co-operate with the Committee of Management at Mexico City.

According to experiments, conducted by Drs. A. Seibert and F. Schwyzer (N. Y. Med. Journal), to determine the cause of sudden death after antitoxin injections, the conclusion has been reached that it was due to the injected air and not to either the antidiphtheretic serum or the carbolic acid that it contains.

**BRAINS WANTED.**—The Cornell Brain Association of Boston, Mass., has sent out a letter of appeal to moral and educated persons to bequeath their brains to the institution for scientific study. In response it has already received eight brains, and has a promise of many others which are yet being used by their owners.

**THE PLAGUE AGAIN.**—U. S. Consular reports under dates from February 8th to March 2nd, have announced the breaking out of the bubonic plague in Canton and Hongkong, and far up the river, a very prevalent epidemic, and the conveyance of cases to Yokohama, Japan, by Chinamen. The disease is very malignant; ninety-five per cent of cases being fatal.—Medical Science.

STOPPED AT THE FOUNTAIN.—A measure recently introduced into the Ohio legislature to prohibit the use of tobacco in any form by minors and to prohibit the sale to them, was passed by a unanimous vote of that body and is now a law. If such restraints on the twin vices of tobacco and alcohol can be made operative, the main stream of perdition that runs the gin mills will be cut off at the fountain head.

The statistics bring to light the curious and probably unexpected fact that of dark-haired women seventy-nine per cent are married, and of blondes only fifty-five per cent. Dr. Beddoe also arrives at the conclusion that fair-haired people are less able to withstand the sanitary conditions of large towns than dark-complexioned, and that the law of natural selection operates against their increase.

The last meeting of the Houston District Medical Association for the month of June was held at the office of Dr. R. C. Hodges on the 22nd inst. The paper of the evening was read by Dr. J. W. Scott. The society is doing some good work, and will in the near future take up a line of work that is new and will prosper as never before. Any live physician of the city cannot afford to forego the meetings of the society.

Every physician, or every close student of human nature, believes that there is much in inheritance. For this reason keep an eye on the SOUTHWESTERN MEDICAL RECORD. She is a lusty, vigorous, strong infant, her stock is incorporated under the laws of Texas, and thus by inheritance she was born with an advantage over any other medical publication in the state. Born great, she is achieving greatness, and ere long will have the greatness thrust upon her of being the best medical journal published in the southwest. Send us one dollar for a year's subscription.

DR. KOCH'S TUBERCULINE DENOUNCED.—Berlin, March 15.—Dr. Koch's tuberculine was fiercely denounced at a meeting of the Balneogic Society last week. Professor Lieberich declared that tuberculine had been discredited by all physicians, even veterinary practitioners, as its use was directly dangerous. Dr. Hausemann said that a greater percentage of lung diseases had been cured by allowing nature to help itself than by the treatment of experts. The debate arose on the report that Dr. Koch is preparing a new publication in advocacy of tuberculine.—The Sanitarian.

Dr. George O. Butler (Cleveland Journal of Medicine) claims to have obtained from a Confederate surgeon a line of treatment for small-pox that gives uniformly successful results. "His mode of treatment was, so soon as a case was diagnosed variola or varioloid, to apply a cantharidal plaster about ten or twelve inches square upon the anterior aspect of

the thorax. As soon as vesication ensued, he would apply a flaxseed poultice, remove the cuticle, reapply the poultice for a day or two, then dress the blistered surface with savin cerate. The discharge from the raw surface was profuse. In addition to this local treatment cathartics, diuretics and diaphoretics were used as required." Over twenty cases were treated in this way without pitting or scar anywhere, save at the point of blister, which was one immense cicatrix. This report calls up afresh the announcement of Dr. Osborne, of Cleburne, Texas, who had under similar conditions equal results in treatment of small-pox with external application of bichloride of mercury solution. Dr. Osborne's treatment is much less severe and if, as he claims, equally successful, it should be preferred.

Prof. Winston, of North Carolina, has accepted the presidency of the University of Texas.

The best portion of a good man's life—his little, nameless, unremembered acts of kindness and of love.—Wordsworth.

RECTIFIED THE MISTAKE.—"Marie, I thought your physician told you that you were not strong enough to ride a wheel?" "Yes, but then I went to another doctor."

NEW HOSPITAL.—A new hospital will doubtless be located in Iowa City and will be free to the poor of Iowa. A bill providing for a special university tax has passed the legislature.

The city of Chicago furnishes its physicians a permit and a badge entitling them to the right of way on all streets, over bridges, ahead of processions, parades, fire lines, and other obstructions.

An effort is being made in New Orleans to found a female medical college, since there is no such institution south of the Ohio River. A great many people are beginning to think, however, that this fad has lived long enough.—Ohio Medical Journal.

FOR EXCHANGE.—Physicians' location in railroad town, two fine farms and some town property in North Texas, for clean stock of drugs, residence, business houses, or other good property in South Texas. Address, "Doctor," care SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

The many medical meetings of the past month have brought out quite a number of papers in antagonism to the antitoxin treatment of diphtheria, some of them, we must say, of too much strength to be entirely disregarded. Can it be that we must find a new treatment next winter?—Ohio Med. Journal.

A contract has been given out in Philadelphia for the construction of a ten-story building, designed especially for offices of medical men and dentists. It will be known as the

'Physicians' and Dentists' Building;' will have a restaurant and dining-room on the tenth floor, and be filled in suites of three rooms each with all modern conveniences.

The centenary of the great Edward Jenner, discoverer of vaccination, was appropriately celebrated by the profession of New York City, May 14. When we contemplate the vast debt the world owes to Jenner, in the countless thousands of lives that have undoubtedly been saved by his discovery, it seems remarkable that May 14 was not celebrated the world over as a holiday. We venture to say, however, that not even one physician in a hundred thought of the day.

Drs. Cox and Callendar, of McGill University, Montreal, are reported to have made the important discovery that Roentgen's rays can be deflected by a magnetic current applied before they have emerged from the Crookes' tube. Their theory is that the rays bear a close relation to the cathode rays discovered by Prof. Crookes, and that if these older rays, as defined by Prof. Crookes, are "streams of molecules charged with negative electricity," Roentgen's rays should be defined as streams of molecules charged with positive electricity.

THE NEW OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION.—President, Dr. Nicholas Senn, of Chicago; first vice president, Dr. George M. Sternberg, of the United States army; second vice president, Dr. Edmond Souchon, of Louisiana; third vice president, Dr. K. D. Thomas, of Pennsylvania; fourth vice president, Dr. W. F. Westmoreland, of Georgia; treasurer, Dr. H. P. Newman, of Chicago; assistant secretary, Dr. T. F. Sneiman, of Pennsylvania; librarian, Dr. George W. Webster, of Chicago; chairman of committee of arrangements, Dr. H. A. Hare, of Pennsylvania.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—A meeting of the executive committee of the Mississippi Valley Medical Association was held at Atlanta, on May 6th, and the following gentlemen were appointed to make addresses: Dr. N. H. Moyer, Chicago, address on "Medicine;" Dr. Horace H. Grant, Louisville, address on "Surgery." The indications are that the meeting to be held at St. Paul, on October 20, 21, 22 and 23, will be the largest and most successful in the history of the Association. As all railroads will offer reduced rates for the round trip, an opportunity will be given to visit St. Paul and Minnesota during the most delightful season of the year. C. A. Wheaton, M. D., Chairman Committee of Arrangements, St. Paul, Minn.; H. O. Walker, M. D., President, Detroit, Mich.; H. W. Loeb, M. D., Secretary, 3559 Olive street, St. Louis, Mo.

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## ORIGINAL COMMUNICATIONS.

### Should Physicians Recommend or Condemn The Bicycle?

BY A. J. WEATHERED, OF WACO, TEXAS.

The beneficial effect of pure air, sunshine and outdoor exercise upon the general health and physical as well as mental development of the human body, is too patent to require comment from me before a body of intelligent physicians. Hence the only question that concerns us in this connection is this: Does the bicycle afford an efficient means of availing ourselves of the benefits? And does it do so without physical or moral injury?

In regard to the first part of this proposition, I would answer impartially, Yes, a most excellent means. The children, the women and the aged are now independent; they no longer have need of hostlers. Their steed is always fed, always groomed, always harnessed, and their conveyance always ready. Have nothing to do but to mount and speed out of the foul, noxious vapors of the hot, dusty city to the pure, invigorating country air.

To master the wheel is by no means a difficult feat to per-



form, as is clearly indicated by the number of four-year-old babes and septegenarian lads and lassies that we see daily gliding alike along the streets with the speed, comfort, ease and grace of a gossamer that has woven itself into the word Eureka.

But there are objections raised against bicycle riding which demand our careful consideration. My time will allow me only to mention some of them with the hope of eliciting a thorough discussion.

1st. The bent and unnatural position taken by many riders. 2nd. The undue amount of pressure upon the urethra and prostate glands. 3rd. The stimulating effect upon the kidneys. 4th. Effect upon uterine disorders. 5th. The immoral effect of pressure upon the clitoris, and improprieties in general.

The crooked, humped-over posture taken by some riders interferes very much with the proper inflation of the lungs and the development of the chest, and is no doubt hurtful to the constant rider. But this position is not at all necessary and is taken by the best riders only when great speed is desired.

The most of bicycle saddles press upon the urethra and ischia to an extent that is decidedly injurious to males whose urethra and prostates are already diseased, and in some instances cause bursa on the ischia.

The effect of bicycle riding on uterine disorders is a subject which I have studied very carefully, so far as my limited opportunities would permit.

Having observed that pedaling sewing machines greatly increased congestion of pelvic viscera and predisposed to various uterine disorders, I have expected that the same evils would attend bicycle riding. But such has not been the case with three of my patients; one young lady tells me that dysmenorrhœa has not been giving her any trouble since she has been taking regular wheel exercise.

I have heard of some ladies complaining of too frequent micturition as a result of bicycling. I don't know of any cases where men have been effected in like manner.

It is claimed by some that the pressure of the saddle upon the clitoris and nymphae produce sexual excitement in the

female to the extent of inducing sexual orgasm. But I can't understand why it should have that effect, as the parts are accustomed to about the same pressure in sitting, and as there is no more friction in this than in walking. But if their claims are authenticated, I dare say that buggy and especially horseback riding are very much productive of the same results.

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### **Indications for Operating on Varicocele, and the Simplest Operation for the Radical Cure of Same.**

BY O. L. NORSWORTHY, M. D., OF HOUSTON, TEXAS.

After perusing all of my text-books, journals and pamphlets, I found so little literature on the subject of varicocele that I almost resigned the subject of my paper. However, not expecting to tax my hearers' patience with a lengthy text-book paper, and willing to make the best I could of it, I made my paper more of a report of cases.

Varicocele is a frequent complaint among our inhabitants, and is a disease, as we may call it, of our (vulgarly so-thought) most important organs. Varicocele never comprises life nor deteriorates the general health, except as a psychical result.

When a man presents himself for treatment of varicocele, there are only two questions for the surgeon to consider:

First, Can he promise his patient a cure without an operation? If not, had the patient rather continue the use of the palliative measures the remainder of his life, besides subjecting himself to the liability of becoming impotent and melancholic, or permit a radical operation, and obtain permanent cure of his trouble?

Second, Can he promise his patient a radical cure from an operation?

He can promise a radical cure from the correct operation with as much safety to his patient's health and his own reputation, as from any surgical operation for a pathological lesion.

We cannot insure a radical cure without an operation,

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\*Read before Houston District Medical Association, in March, 1896.

and it is our duty as the advising surgeon, to thoroughly explain to the patient the treatment which he will have to pursue all through life; explain to him dangers of any functional or organic trouble that may arise from the varicocele, veins. As impotence is such a frequent companion of varicocele, and is so much dreaded by these patients, we should especially unfold to them our ideas about that.

'Tis true, there is a strong opinion against the belief that varicocele causes impotence and despondency; still we are forced to hear the humble cry of so many men suffering from impotence, or lost manhood, as they call it, who have been ignorant possessors of varicocele for perhaps years.

Why should not the inflamed and diseased walls of the blood vessels in that region cause trouble otherwise than the functional derangement of the return flow of the blood? The generative organs, as well as any other of the human anatomy, should have a sufficient quantity and a superior quality of nutrition to perform nature's functions, which of course they cannot have when the walls of the veins are so diseased that they cannot function, for we may say they are dead to the body, and are then a pathological lesion which should be removed from the body by some means.

The despondency is a symptom, or the psychical result of the constant thought of the brain of being impotent.

Before the improved aseptic surgical operations became so prominent, the difference of opinion among the surgeons was very great as to whether to operate on the varicocele, or persist in the use of the so much abused palliative remedies.

Close observation and good results from practical experience of skilled surgeons, with the correct application of asepsis, has proved that the danger from varicocele operations is not very great, if performed according to the operation here below described, and that such an operation is absolutely necessary before a radical cure can be effected.

If varicocele is of but short duration, and there is no lengthening of the scrotum, no atrophy of the testicle, no symptom of impotency or despondency, the palliative remedies would give some relief, and if the patient would continue the use of a close-fitting suspensory uninteruptedly he would perhaps live an average comfortable life, but at no

time could he ever consider himself cured.

When the varicocele is simply a mechanical inconvenience, it should be relieved by simple mechanical means.

Again, if the varicocele is very large, with any visible lengthening of the scrotum, indicating the loss of elasticity and contractility of the scrotal tissue, with neuralgic pains in the testicle, radiating through the pelvic region and down the thighs, I should advise the radical operation.

If there was lengthening of the scrotum with atrophy of the testicle, I should advise the radical cure.

If a very large varicocele, with any scrotal lengthening, I would operate radically.

If impotence with melancholia were prominent symptoms alone with the presence of a varicocele, I would resort to radical measures.

If any indurations around the varicose veins, indicating adhesions, I would operate for the radical cure.

There are two classes of operations for varicocele, the subcutaneous and the open method. Both methods have been modified by various surgeons in a number of ways. Van Buren was opposed to an operation for varicocele, except in rare cases. Keyes says that in his twenty years' experience with Van Buren he had seen ablation of the scrotum practiced in but three cases of varicocele.

The subcutaneous operation has been almost excluded by surgeons who are close observers of asepsis; and considering the advanced step of asepsis and antiseptics of to-day, it should be absolutely discarded. Either perform the open operation and a radical cure, or resort to palliative remedies.

The objections which can be found to the subcutaneous operation are numerous:

1. Because you cannot promise your patient a cure from it. (a) We cannot be sure of getting all the varicose veins within the ligature. (b) If a very large varicocele, and any adhesions, it is impossible to separate the cord and to ligate the veins in small packets, which is necessary in such cases to insure a complete obstruction of the blood current. (c) The veins can be ligated in but one place, unless the second puncture is made. (d) It is impossible to shorten the scrotum or cord, if such is necessary. (e) You cannot use the fric-

tion knot in such a small opening for fear of breaking the ligature, an accident which happened to J. A. Wyeth several times before he discarded the subcutaneous method.

2. The danger of injuring or perhaps destroying the vitality of such an important and essential organ as the spermatic cord is too great. It is true, some claim that you can be positive of separating the cord from the veins by feeling through the serotal tissue. This may be done; however, we are never absolutely positive unless we can see and feel the cord itself.

(3) There is danger of sticking the needle into some blood vessel, thereby causing hemorrhage, which would likely necessitate the opening of the serotal bag to arrest it.

(4) Should any sepsis occur, the evacuation of it would necessitate the opening of the scrotum.

(5) It is really necessary to give a general anaesthetic before tightening the ligature around the veins.

(6) It is contrary to a surgeon's belief to use any sharp instrument in close proximity to such essential organs without the aid of the ocular sense.

(7) It is contrary to human nature to rely solely on the sense of touch when sight can be used so easily.

There are several modifications of the open method, but the one most accepted is Bennett's. He makes his preparations, incision and dissection, similar to original open operation until he reaches the sheath fasciae, which is intact immediately around the varicocele; here he differs by not separating this fasciae from the veins, but includes it in the ligature with the veins. By so doing he claims to attain two objects:

First. A certainty of passing the ligature around all the affected veins, as none of them lay outside this sheath.

Second. The prevention of any material change or recurrence of the abnormal dependent position of the testicle, which is probable if the veins are actually denuded of their sheath before the ligature is applied.

Since it is manifest that the weight of the testicle would tend to drag the veins considerably out of their sheath above, whereas the sheath if included within the ligature, not only obviates this tendency, but in fact carries the weight of the



dependent organ without stretching it to any considerable extent.

Bennett ligates the veins in two places, clips out the intervening portion, then ties the ends of the ligatures together, thereby approximating the ends of the veins and fasciac sheath, which shortens the cord. Each individual operator should decide from the length of the bag how much of the varicocele to clip out.

He differs again from the majority of the open operators by not ablating the scrotum, and says that the scrotal tissue will contract and adapt itself to the shortened position of the cord, if correctly supported. It can be told from the above description that the principal support of the testicle and pampiniform plexus is the sheath fasciae.

Myself, as do most others, consider the above described operation to be the one most likely to effect a radical cure. With one change in regard to the shortening of the scrotum, the above described operation will most emphatically receive the endorsement of this paper.

I think that the aiding of nature to shorten the scrotum cannot be objectionable, when it can be done without the loss of any skin or tissue, and without any more cutting and suturing than is necessary for ligating the veins.

This can be done by suturing the scrotal incision horizontally instead of vertically, as it was made, which can be done as easily and with as much cosmetic appearance as the vertical line, by catching the center of the edge of each incised surface with a tenaculum, and drawing them until the upper and lower angles of the incision come in direct apposition, thus holding it until a continued suture can be whipped around it.

The length of the scrotal incision can be estimated by the distance you wish to shorten the bag. The incision may be made a half an inch longer than is necessary, to allow for stretching of the scrotal tissue. After suturing in this manner, a close-fitting, modified, double spica bandage should be applied so as to support the weight well, and relieve completely all tension on the sutures.

Previous to, and at the time of preparing this paper, I gave Dr. W. E. Parker, of New Orleans, the originality of

this simple way of shortening the scrotum. Since that time an extract in the *International Medical Annual*, from an article by Koehler in a *Berlin Journal* of February, 1894, has been shown me where he advocates the same method of suturing the scrotum.

My experience with varicocele operations is limited to eight cases. Four of these I operated upon myself,—two in private and two in hospital practice. The remaining four were operated upon in hospital practice, myself being an active assistant in each operation.

The subcutaneous operation was performed on one of the cases in which I assisted,—patient convalesced well, and was discharged on the tenth day. The varicocele returned within six months. The open operation was performed on the remaining three cases, according to Bennett's method,—the scrotum of each case being shortened by the method I have above described. These three cases convalesced well and were discharged within fourteen days. They have been heard of at times varying from two months to two years, and show no signs of returning varicocele.

The first case of varicocele on which I operated returned before six months. The operation was by subcutaneous ligation. The second was operated upon according to Bennett's method, with the above described method of shortening the bag. My patient made a quick recovery within thirteen days. There were no signs of a return within fourteen months afterward.

The other two cases I operated upon in private practice, both cases being handled by Bennett's method, and by shortening the scrotum as above described. They made a quick recovery and have shown no signs of a recurrence. It has now been ten months since the first operation and eight since the last.

Dr. F. W. Murray, of New York, reported the result of nineteen operations for varicocele to the New York Surgical Society. The majority of his patients were operated upon in hospital practice. In two cases the subcutaneous operation was performed, catgut ligatures being used in one case, and sterilized silk in the other. Both cases did well and were discharged respectively on the seventh and eleventh days.

In the case of catgut ligature the varicocele returned in a few months; the other patient was lost sight of.

In eight cases, excision of the veins with ablation of the veins was practiced, they being unusually large varicoceles and elongated bags. Six cases healed promptly by primary union, and were discharged in eighteen days. In one case secondary hemorrhage occurred from a scrotal vein requiring the reopening of the ablation wound, turning out the clot and ligating the bleeding vessel. In one case suppuration occurred, with a small abscess at the site of one ligature. This was a case of a very large varicocele, the veins being ligated in packets. The suppuration occurred on the eighth day after the operation, whereupon the incision was reopened and a small amount of pus with a catgut ligature was evacuated. Of these eight patients, five were seen several months after the operations, with no indications of a recurrence; the other three were not seen after the operations.

In five cases, excision of the veins according to Bennett's method was practiced, all being large varicoceles and elongated scrotums. All cases recovered primarily and were discharged within ten days. Four of these patients have been seen at periods varying from six months to two years after the operation, and they presented no indications of a recurrence. The shortening of the cord in all four cases had been maintained, and the scrotum was fitting tightly around the testicle. At the site of the ligatures slight indurations could be felt.

Dr. Murray states that his preference is for the open operation, which is best illustrated by Bennett's method, as the most likely to effect a radical cure.

One of the twenty-seven cases reported in this paper was operated on by the subcutaneous method, with ablation of the scrotum. The varicocele returned within four months. In three cases, simple ablation of the scrotum was practiced, with a return of the varicocele in two of them,—the other case was lost sight of.

In four cases the subcutaneous operation was performed, with a return of the varicocele in three cases within six months; the fourth case was lost sight of. In eight cases, excision of the veins with ablation of the scrotum by the aid

of King, s clamps was practiced. Three of the eight cases were lost sight of, the remaining five showed no signs of a recurrence within two years.

In five cases Bennett's operation was performed, with four radical cures, and one lost sight of. In six cases Bennett's operation, modified by the horizontal suture of the vertical incision of the scrotum was practiced, with five radical cures, and one lost sight of.

It will be observed that I have said nothing of the ligatures used in such operations. Sterilized silk has given the best results as to the radical cure. Not having used the animal tendons, nor having seen them used for this purpose, can't speak for them, but think they will soon take the place of silk and catgut for ligating the varicocele, because they are rapidly forcing the silk and gut out of use for buried sutures and ligatures where a suture of any size is needed.

Dr. Armstrong said:

Mr. President and Gentlemen: I have listened to the very thorough paper with much interest. Varicocele deserves our careful consideration in the milder forms, on account of the bodily, and especially the mental discomfiture produced; in the graver, for the same reasons, much intensified, and for the integrity of the organ.

Its causation is a varied one, which should be minutely investigated in each case, for not all cases need operations. Thorough removal of the causes which have conduced to the condition; careful regulation of all the functions bearing a direct or indirect relation to the part, or its function; and restoration of tone to the tissues generally and particularly, by tonics, rest, support, etc., may effect a sufficient cure in the early stages, and are certainly worthy of a systematic trial before resorting to the quicker or more brilliant course.

If not successful, an operation is indicated, and in my opinion the open one with excision is the most desirable, because it is the most radical, most precise, and the surest and safest, untoward results being very few, according to much good testimony. The operation has been fully described. It seems wise to open the sheath of the cord, and to tie and excise veins within, suturing again, for this connective tissue binding in natural tact again, will certainly facilitate retrac-

tion and augment the remaining supports, whether you tie the ends of ligatures or not, and its opening will also insure more certainly a ligature of only the veins, and just as many as you may desire. When contraction of the scrotum by transforming the longitudinal into a horizontal incision is desired, as suggested in the paper, it is better to make a small elliptical incision, using a scrotal clamp, as this will make a neater line of sutures after approximating angles, preventing puckering, etc.

Dr. Mullen said:

Mr. President and Gentlemen: The paper just read by Dr. Norsworthy is sound, concise and practical, but I am of the opinion that on general principles it would be more scientific and rational to select cases for the radical operation of excision, and only resort to it when all other therapeutic measures have proved inadequate. The reason varicocele occurs more frequently on the left side is of course due to the venous supply, the left spermatic vein empties into the renal vein at right angles, thereby making the column of blood higher on this side than on the right; this arrangement, and the presence of the sigmoid flexure on the left side, are in all probabilities strong predisposing factors in the inducement of varicosity of the pampiniform plexus. Dr. J. A. Brinton, of Philadelphia, was, I believe, the first to point out this peculiarity of the left spermatic vein.

Dr. Morris said:

Gentlemen: The doctor's paper is full of interest, and with a few modifications, coincides with my views on the subject. Generally speaking, varicocele is exaggerated, the results magnified, and the symptoms fostered by the patient's apprehension and the physician's unnecessary attention to the condition. This condition is more frequent in young men who lead irregular sexual lives, and in consequence suffer with a chronic hyperæmia of the pelvic vessels; but in married men who observe the proper sexual hygiene, lead regular lives, the condition is not so common.

I believe that in most cases the suspensory advice and laxatives will answer every purpose; but in some cases such changes have taken place within the vessel walls, and in others where the varicocele is on the brain, an operation must



be performed, and we must decide between the subcutaneous and the open operation. Here, as elsewhere, no particular operation will fit every case. If the varicocele is small with comparatively little induration, subcutaneous ligation will answer every purpose, but in old chronic cases where the scrotum is elongated and there is thickening and complete loss of tonicity of the veins, the open operation, as the doctor recommends, is advisable.

Dr. Cronin said:

The open method is a splendid one, but I think the subcutaneous method should be applied to certain selected cases. I wish to defend the subcutaneous procedure, as it seems to have but very few friends present. Dr. Norsworthy has a nice lot of cases where the varicocele returned after short periods. Dr. Keys, after an experience of eight years, has few instances of a return, and recommends the operation. I think that the failures following this method are largely due to the manner of operating. The patient should be kept standing until all the ligatures are passed; this may be done with cocaine with but little pain to the patient. The patient is then given the general anæsthetic and the ligatures tied.

If the patient is put under the general anæsthetic before you operate, some of the smaller veins will empty themselves, and in this way escape the ligature, hence a return in so short a time. Should a case come under my care with a great amount of fibrous tissue around the veins, I would use the open method in preference; but where we have only the enlarged veins to deal with, the subcutaneous is always to be preferred, as there is less liability to infection, the operation is more quickly performed, and best of all, your patient is ready for work in less than half the time it would take him to recover from the open operation.

Dr. Sampson said:

Mr. President and Gentlemen: I have listened with much interest to the doctor's paper, and think it decidedly to the point, and that he confines himself strictly to his subject. As Dr. Norsworthy has stated in his paper, this is a subject on which so little literature is written, that we are of necessity forced to make use of our own partially original ideas in its discussion. As to the impotence being totally on

the brain, and simply imagination of the patients, or to allow the varicocele to remain without operative interference until the man has become impotent, as Dr. Morris has stated, I think is all a grand mistake. If the varicocele is such as will not be materially benefited by such palliatives as have been mentioned, I most certainly resort to the radical operation without waiting for him to become impotent, and should always perform the open operation in preference to the subcutaneous.

Dr. Norsworthy, in closing the discussion, said:

Mr. President and other Members: I appreciate the discussion which my paper has elicited, but there seems to be some little misunderstanding in regard to the field of it, also as to the hastiness in operating. It was not my intention to elicit opinions as to the cause or causes of varicocele, but simply to discuss the cases for operation, and the simplest operation for the radical cure. Nor do I wish to be considered as one who too hurriedly or unnecessarily opens the scrotal bag. As I have stated in my paper, varicocele of simple mechanical inconvenience should be relieved by simple mechanical means.

I can most heartily indorse Dr. Sampson's criticism of Dr. Morris' idea as to the impotence being purely on the brain. When we so often see cases of impotence who are ignorant possessors of varicocele,—when we compare the remote effects of varicocele, such as impotence and despondency, with the dangers of the operation, I think we will soon decide whether to operate or not. And when we compare the dangers and results of the subcutaneous ligature with those of the open operation, I think we will soon decide which of the two is safer and most radical.

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### **The Onslaught of Modern Surgery.**

Dr. N. Senn, in a recent address at Atlanta, Ga., says:

The great onslaught of modern surgery has been upon the organs of generation, male and female. The future historians who will record the work of many gynecologists belonging to the present generation will have reason to express their surprise at what disasters the art of surgery has produced when plied in cases far in advance of a scientific foundation. Here and there we hear a feeble voice protesting against the indiscriminate surgery upon the organs of generation of the opposite sex, but the mutilating work continues in spite of such opposition and well meant advice. When we arraign the gynecologist before such a representative body, composed of representative medical men of this country, for innumerable and inexcusable transgressions of the rules which ought to

govern and control the art of surgery, we do not include the scientific, conscientious workers in that department of surgery, but our remarks apply to a class of routine operators which has recently grown to an alarming dimension not only in this, but in nearly every country which has been penetrated by the dim rays of so-called boldsurgery. The new generation of doctors finds no longer satisfaction in practicing their profession in some rural district. They have their eyes on large cities and have heard of enticing fees paid to specialists for insignificant operations. Why buy a horse and saddlebags when fortune awaits them in devoting themselves to a specialty, more particularly gynecology? The recent graduate or the man who has become disgusted with country practice seeks a much employed gynecologist, follows his work for a month or two and returns to his prospective field of labor a full fledged specialist. He is now ready to extirpate the uterus, remove ovaries and Fallopian tubes, sew imaginary lacerations of the cervix and perineum. Do you suppose that such an aspirant for gynecological fame ever examines a woman and finds her perfect? Is it not true that in nine out of ten cases he finds something to mend?

Lacerations of the perineum is a favorite subject of the amateur gynecologist. The extent of laceration and the symptoms caused by it are not always carefully considered in deciding upon the propriety of an operation. The performance of an operation on the perineum in five or seven minutes still serves as an attraction for the lookers-on in many private hospitals and gynecological clinics.

The frequency with which women are being castrated is one of the most flagrant transgressions of the limits of the art of surgery. It is not unusual for one operator to exhibit five or six normal ovaries as the result of half a day's work. All kinds of excuses are made for this kind of surgery. Where is this wholesale unsexing of our female population going to end? The beginning of the end has come. The army of women minus their essential organs of generation is beginning to raise its voice against such mutilating work. The number of women who willingly sacrifice their ovaries to restore their shattered health without securing the expected relief has increased to an alarming extent. This sad experience has made the gynecologist more desperate and bold. It is difficult to say where this rage for the removal of the female sexual organs will end, or what organ will be the next battleground for the aggressive gynecologist. The clitoris, the vagina, the cervix uteri, the ovaries, the Fallopian tubes, the uterus and its ligaments, have successively passed through a trying ordeal of operative furor. What the next fad will be is impossible to foretell.

# Southwestern MEDICAL RECORD.

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## EDITORIAL DEPARTMENT.

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FADISM FOR SURGERY.—It seems that Medical Colleges and Post-Graduate schools are, at the present time, only turning out surgeons and gynecologists. There are but very few general practitioners locating in the large towns of this country. Every one appears to be making, or at least trying to make, a speciality of surgery. Of course they will treat any and everything that comes their way, but they claim to be surgeons, and desire all people to consider them as such. They all manifest a natural inclination for abdominal operations; and their surgical tendencies appear to cling most

fondly around the appendix and the ovary—the removal of which seems to be the one great ambition of their lives.

Some of them, must have been born surgeons; as they give no evidence of ever having become such, either by study or experience. Others must have achieved this high distinction by attending some post-graduate school, and witnessing several difficult surgical procedures, while still others must have had surgery thrust upon them by the fortunate outcome of possibly two operations; it being very questionable though, as to whether the happy results were due to the skill of the operator or to the “grace of God.” A peculiarity common to all of them is, that nine-tenths of their practice consists of medical cases, malarial fever, mumps, measles and the like. We have nothing but the highest admiration for the physician who wishes to become an expert surgeon; but we do most strongly object to the abuse this word is receiving at the hands of a great number of the medical profession. It is commonly supposed, that a surgeon is one who devotes, at any rate, the principal part of his attention to surgical cases. There is about as much sense in a general practitioner claiming to be an oculist, as for him to pose as a specialist in surgery; and it will be well for the would-be manipulators of the scalpel to remember this fact. The belief is very prevalent, among the younger physicians especially, that honors are gained, and reputations are made, only in the surgical department of the profession. We beg leave to differ with them on this point. The other branches offer just as bright prospects, and inducements; in fact, there is more room for original investigation and research in the practice of medicine to-day, than there is in surgery. We feel confident that during this and the next generation, the greatest achievements will occur, not in the operating room, but at the bed-side of those suffering from the various infec-



tious diseases. So it might be advisable for at least a few of us to seek glory in the fields of serum therapy.

S.

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MILK QUESTION.—It is particularly appropriate at this season of the year, when food so readily undergoes fermentative changes and gastro-intestinal troubles, especially among children are so prevalent, to call attention to milk; the part it plays in the causation of disease and the best means of minimizing the dangers arising from its fermentation and adulteration.

The importance of this subject can be more fully appreciated by comparing the number of deaths from cholera-infantum during January with the number of deaths from the same cause during July. The mortality table of the Sanitary Era, shows 25 deaths during January, 1895, in New York City, and 1084 during July of same year. In Philadelphia, there were 11 in January and 532 during July.

While other causes operate to produce this great difference, the influence of the milk should not be overlooked. In a large number of cases, owing to a lack of breast milk or a dislike to nursing, cow's milk becomes the staff of life, and frequently from carelessness the staff of death, so it behooves us to exercise every precaution and to impress upon the nurse or mother, the absolute necessity for following directions.

We should be doubly vigilant in localities where there is no milk inspector. Milk may produce harmful effects by,

1. Acting as a carrier, of or medium for the germ of diphtheria, tuberculosis, anthrax, enteritis, etc.

2. Poisonous agents developed by bacterial growth such as tyrotoxican.

3. Adulteration with water, chalk, etc.

In localities where there is no milk inspector, the consumer knows not the condition of the cow, the sanitary sur-

roundings of the dairy, or the sources of contamination in transit. The animal may be tuberculous (and it is not necessary that the udder be involved to convey the contagion) or some of the contagious diseases may exist among the dairy-men; and protection to the babe, who depends upon the milk for its sustenance, devolves upon the vigilance of the physician and nurse.

Freeman has collected data from 53 epidemics of typhoid fever which were caused by a contaminated milk supply, epidemics of scarlet fever, diphtheria, and enteritis have been found to be due to impure milk.

The addition by water, *per se*, is not necessarily harmful, but it may have been procured from stagnant pools or infective drains, or the solids added may be of an indigestible nature and further irritate the intestinal tract.

It has been estimated that the city of New Orleans expends \$1,000,000 per year for milk, and that \$300,000 of it pays for water added by the dairyman. Recently, we accused a milk boy, after examining a sample from his wagon, of adding water to his milk. His only reply was, that he did not put as much water in his milk as some of the others.

Removing the cream from the milk is frequently done. Since skimming increases the specific gravity, water may be added and the lactometer by the reading reveals nothing wrong, but the merest tyro should detect the fraud by noticing the small amount of cream clinging to the instrument and by the color of the milk.

Our only protection is by sterilizing the milk and the use of the lactometer. The lactometer is very cheap (about 50 cents) and every family buying milk should have one, but under all circumstances sterilize the milk and sterilize thoroughly.

M.

DIPHTHERIA ANTITOXIN.—The antitoxin advocates scored a signal success at the May meeting of the American Paediatric Society in Montreal. A committee consisting of Drs. Holt, Northrup, O'Dwyer and Adams made a report that for fairness, clearness and force, surpasses any that has come to our notice. A complete abstract may be seen in the N. Y. Medical Journal of July 4th. In the same excellent journal is an editorial review of the committee's report. 3,384 cases, from 613 physicians, living in 114 different cities, form the basis upon which is constructed tables and conclusions, giving to antitoxin so fine a showing, that any physician failing to use it, in diphtheria, lays himself liable to very severe criticism.

As has been previously stated, the antitoxin seems to have little effect unless used in the first three days. The report gives the mortality when so used as 4.8 per cent; but if the patient be under two years as 19.2 per cent. The most remarkable thing about the whole report is, that 1256 were laryngeal cases and yet this large number did not materially affect the mortality.

Parallel with this we would like to have seen replies from "613 physicians in private practice," that had used the old methods of treatment with the new methods of diagnosis.

Another interesting investigation, in this connection, would be a report from "613 physicians in private practice" that had used, in diphtheria, hypodermic injections of carbolic acid, kresol, or iodoform, together with old approved methods.

It would be out of the question for one to attempt the inquiry here for, in this section, diphtheria is almost an unknown quantity. The dispute, therefore, will have to be settled in some more ill-favored climate.

We will venture to prescribe hot toddies and water-bags for the committee, when they read the report of Dr. Alexan-

der, of Paso Del Norte, Mexico. He, in treating diphtheria with phytolacca decandra, has a mortality of 0 per cent.

R.

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OUR UNIVERSITY REGENTS have selected Dr. Winston, of the University of North Carolina, at a salary of \$5000 a year, to act as president of the University of Texas. It remains to be seen whether this action, on their part, is wise or unwise. If viewed in the light of former experience it can only be looked upon with suspicion, for no university ever started out with a greater array of celebrities than did ours. It was fondly hoped and confidently predicted that their names and renown would fill our university halls with earnest students from everywhere; but how different history tells. Their names, with one exception, now help to fill the faculties of schools in places where they achieved their former greatness.

The "esprit de corps" of student life in one locality differs from that in another. The animus of one section is not the animus of another. While Dr. Winston was a great power in North Carolina, it does not follow that he will, at his age, fit himself to the changed conditions in Texas.

Great institutions are not the products of great names, but the results of years of growth. The institutions and the names connected with them become great together. The policy, then, of selecting young men of ability, men that have life before them, are willing, and can achieve greatness, is, in my opinion, the best. They will form strong ties, see and adapt themselves to the conditions, while an older man would be like a "root out of dry ground." Besides, it does not speak well for the Regents to have to wait for the approval of some one else before they can see any fitness in an applicant.

Why do they drop Dr. L. Waggener, a man that is identified with the institution and has contributed much to its success,

a man that has grown up with it and achieved greatness there?

In the Medical Department the Regents have adopted the correct policy and it does not look well to have double dealings.

In this department they have selected men of only local repute; men who have their name and fame to make and are willing and glad to have the opportunity to work to greatness with the institution. This is as it should be, and I wish to enter my hearty commendation, and only hope that the Regents will inaugurate and continue it in the other departments.

One act of the Regents, in connection with the Medical Department, is open to criticism. They have made, after 1897, a four years' course compulsory. This might, in a certain sense, be taken as a reflection upon the intelligence of their students. The University of Virginia, the magic of whose diploma will open the portals of any institution, only requires three years. Her chairs are filled by men of renown, and she is noted for the rigidity of her examinations, and yet, only three years are required. Now the question arises how does it come that students at Galveston, require four years, and yet her professors do not make any such claims to distinction as do the educators at the University of Virginia? Our boys have and can continue to graduate at the University of Virginia, with honors, formerly in two, now in three years. These criticisms are thrown out, not in envy or malice, but by one who has the welfare of the University of Texas at heart, and who also claims her as his Alma Mater. R.

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FOLLOWING THE ANNOUNCEMENT that the mosquito is an active agent in the spread of malaria, comes the statement that the tsetse-fly, of Central Africa, recognized there as the cause of the fatal fly disease, is only the bearer of germs from infected animals.

It may be possible that the third-party-fly, a great pest



in South Texas, destroys cattle by similar means.

The third-party-fly, unlike the tsetse, is a little less than the common house fly, but with longer wings. They congregate in swarms about any sore place, no matter how small, and stay there day and night. A favorite place for them is on the shoulders and about the base of the horns.

Stock men claim the cattle are so constantly annoyed by the continued presence and bites of the fly that they are unable to feed or sleep and consequently die from exhaustion. While it is within the area of possibility that the stock men are right, yet most likely the fly plays some such part as the tsetse in the spread of infecting germs. Another similarity seems to be in that both flies flourish best in moist places and seasons. Of course I am not trying to establish a relationship, but these comparisons are always interesting. Who knows but what the Texas fever, about which so much has been written, is spread from cow to cow by this festive fly. At any rate the little fly is none too small to wholly ignore.

R.

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THE HOSPITAL is responsible for the statement that the negro is 'not born black.' As the Journal says, it will be a surprise to many to learn this (peculiarity) about the negro. Apropos of this, we might say that it will be a surprise to many to learn the same peculiarity about white babies. The skin of any animal at birth is thin and the pigmentation of the rete mucosa poorly developed, consequently the color of the blood is visible. There is, however, sufficient white or black in either body to enable a myopic to tell the race. Further, the scrotum of the negro boy baby is always black at birth, and what is ordinarily known as the linea alba, in the negro, is linea nigra.

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T. J. MAYS, M. D., (New York Medical Journal) makes

some very pertinent suggestions in regard to haemoptysis. Where the blood comes with a gush, he says, it is due to rupture of a blood vessel into a cavity, and where the hemorrhage is less violent, it originates from capillary oozing. The first point insisted upon, in treatment, is absolute quiet for the patient; even do not make a physical examination, for the slight shock attendant upon it may give rise to a new attack. To secure quiet a hypodermic injection of morphine may be necessary, and ordinarily has a happy effect. After your judgment says that the danger from hemorrhage is past, make the examination and inquire concerning a history of syphilis, rheumatism and malaria, for a recognition of those complications will materially aid in the treatment.

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## SOCIETY NOTES.

### TEXAS STATE MEDICAL ASSOCIATION.

#### ANNOUNCEMENT OF OFFICERS OF SECTIONS FOR 1896-7.

The committee consisting of the President and the Vice-Presidents of the State Medical Association, has made the the following appointments:

##### SECTION ON GENERAL MEDICINE.

Chairman, Dr. L. Ashton, Dallas; Secretary, Dr. H. L. Tate, Lindale.

##### SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

Chairman, Dr. A. M. Douglas, Osceola; Secretary, Dr. R. L. Miller, Denton.

##### SECTION ON SURGERY.

Chairman, Dr. Bacon Saunders, Fort Worth; Secretary, Dr. A. C. Scott, Temple.

##### SECTION ON MEDICAL JURISPRUDENCE.

Chairman Dr. T. J. Bennett, Austin; Secretary, Dr. F. S. White, Terrell.

## SECTION ON STATE MEDICINE AND PUBLIC HIGIENE.

Chairman, Dr. T. M. Cline, Galveston; Secretary, J. A. Mullen, Houston,

## SECTION ON GYNECOLOGY.

Chairman, Dr. R. R. Walker, Paris; Secretary, Dr. J. C. Kirkpatrick, Comanche.

## SECTION ON OPHTHALMOLOGY.

Chairman, Dr. Van H. Hulen, Galveston; Secretary, Dr. R. F. Miller, Sherman.

## SECTION ON DERMATOLOGY.

Chairman, Dr. George H. Lee, Galveston; Secretary, Dr. W. M. Yates, Grandview.

## SECTION ON MICROSCOPY AND PATHOLOGY.

Chairman, Dr. W. R. Blailock, McGregor; Secretary, Dr. W. F. Starley, jr., Galveston.

## COMMITTEE ON STATE BOARD OF HEALTH.

Chairman, Dr. E. A. Woldert, Tyler; Secretary, Dr. F. A. Young, Navasota.

## COMMITTEE ON NECROLOGY.

Chairman, Dr. F. E. Daniel, Austin; Secretary, Dr. B. F. Brittain, Arlington.

## COMMITTEE ON ARRANGEMENTS.

Chairman, Dr. R. R. Walker, Paris.

The President has appointed the following:

## COMMITTEE ON MEDICAL SOCIETIES.

W. R. Blailock, McGregor; Chairman, E. A. Woldert, Tyler; L. L. Shropshire, San Antonio; Joe D. Benton, McKinney; S. E. Hudson, Austin.

As regards delegates to the Pan-American Medical Congress, at the City of Mexico, in November, those who wish to attend will be appointed on making application to the President or Secretary.

H. A. WEST, Sec'y.

## OFFICE OF SECRETARY, GALVESTON, TEXAS.

DEAR DOCTOR:—In the interest of a united profession you are earnestly solicited to become a member of the State Medical Association. The initiation fee has been dispensed

with, and you may now secure membership without attendance upon the meetings, by the payment of \$5 and return this slip to the Treasurer. You will receive the transactions if enrolled by the first of July.

Faternally,

H. A. WEST, Secretary.

The Twenty-second annual meeting of the Mississippi Valley Medical Association will be held at St. Paul, Minn., October 20, 21, 22 and 23, 1896. You are cordially invited to attend.

The meeting promises to be the largest in the history of the Association. Many valuable papers will be presented, and we hope that you may find time to prepare a paper. If you conclude to do so, please send the title to H. W. LOEB, M. D., 3559 Olive Street, St. Louis, Mo., or myself, at an early date.

Yours truly,

H. O. WALKER, President.

H. W. LOEB, Secretary.

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#### **Pan-American Medical Congress.**

Professor Dr. Don Francisco Bastillos, Calle de Tacuba No. 7, Ciudad de Mexico, D. F. Republica Mexicana, has been elected Treasurer of the second Pan-American Medical Congress, to be held in the city of Mexico, beginning the 16th of November. All members residing in the United States and Canada, and others who contemplate attending, should forward the registration fee, \$5.00, in gold, to him at once, and notify Dr. C. A. L. Reed, Cincinnati.

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#### **The American Microscopical Society**

Will hold its nineteenth annual meeting in the new Carnegie Library Building, Pittsburg, Pa., Tuesday, Wednesday, Thursday and Friday, August 18, 19, 20 and 21, 1896. A hearty welcome will be extended to all interested in the microscopical sciences. Applications for membership and titles of papers to be read at the meeting should be addressed to A. Clifford Mercer, M. D., President, Syracuse, N. Y., or to Wm. C. Krauss, M. D., Secretary, 382 Virginia Street, Buffalo, N. Y.

## NEWS AND MISCELLANY.

Dr. R. D. Harris, of Fulshear, was in the city the first of July.

Born to Dr. and Mrs. L. A. Grizzard, of Abilene, a boy, May 28.

450 deaths is the daily average in the United States of tuberculosis.

The bromide of potassium suspends the fits of epilepsy rather than cures them.

Born to Dr. and Mrs. J. H. Warneck, of Merkle, Texas, a 10 pound boy, May 29.

Dr. J. W. H. Martin has moved from Merkel, Texas, to Nubia, Taylor Co., Texas.

Dr. L. A. L. Lamkin is spending the warm months at Luling, Texas, his old home.

In medicine, as in your daily life, follow no man, but the light of reason, it will lead you to the truth.

One of the best and most powerful intestinal antiseptics in the materia medica is sulpho-carbolate of zinc.

Scarlet fever kills annually, on the average, about 21,000 persons, chiefly children not exceeding ten years of age.

Guaiacol biniodide is a reddish brown powder, and is recommended as an antitubercular remedy of great value.

Dr. N. P. Dolen, of Liberty county, was in Houston visiting his friends recently. The doctor is a friend of the RECORD.

London now has a periodical with the title "Archives of Skiagraphy," devoted to the uses of the Roentgen rays in medicine.

Ichthyol has been found to have a remarkably efficacious action upon recent burns, relieving the pain at once and facilitating healing.

No remedy is equal to the local application of belladonna in preventing the secretion of milk in cases of inflamed mammary glands.

Dr. B. W. Bristow, of Flatonia, was shot and killed on



July 13th. Dr. Bristow was known in Houston, where he had many friends.

The latter part of a wise medical man's life is taken up in curing the follies, prejudices and false opinions he had contracted in the former.

The Health Department of New York city is conducting some mysterious investigations at Belvue hospital, on the cure of drunkenness.

In delicate women of the lymphatic temperament, give one-sixtieth grain of strychnia three times daily for three to five weeks previous to confinement.

Nitro-glycerin is of great value in the treatment of chronic interstitial nephritis with a hard, incompressible pulse and general arterial sclerosis.

The Cleveland Journal of Medicine is showing evidence of prosperity by moving into new and commodious quarters in the New England building, on Euclid Avenue.

Alcoholism in Sweden.—The deaths from alcoholism in Stockholm are reported to amount to ninety per thousand. This is the highest rate in the world.—Sanitarian.

One per cent. of common baking soda put into the water in which instruments are boiled, in order to sterilize them, will, to a great extent, if not totally, prevent rusting.

Dr. Cantrell believes that, as a pus destroyer, no drug will take place of ichthyol. therefore it is indicated in pustular acne as well as furuncles and carbuncles if seen early.

The medical department of the M. K. & T. Ry. has chosen Denison, Texas, as the location for a new hospital. Dr. Smith, 1st assistant of the Sedalia hospital, will have it in charge.

Dr. J. A. Mullen, of Houston, read an able paper at the East Texas Medical Association, which met at Tyler, Texas, July 14th, on "Reflex Nasal Headache Occurring During Pregnancy."

In the pain of urination caused by an excess of uric acid, give five grains each of benzoic acid and borate of soda in an ounce of water every two hours. The third dose will give relief.

It is stated that the best injection for gonorrhea is a one-per-cent solution of creosote in borated decoction of witch hazel. Employed four times daily; it will destroy the poison in a few hours.

Opium acts more powerfully in the presence of acids than in that of alkalies; consequently in rheumatic diathesis, where the alkaline plan of treatment is adopted, it may be given without fear.

The purified fluoride of sodium possesses an especial action on children that are either predisposed to, or already have, tuberculosis. The results obtained persist. In many cases the cure remains many years.

Dr. Maxwell, of Portland, quoted Dr. Roberts Bartholow as averring that a child entering school at ten would know at the age of sixteen as much as a child entering school at the age of five, and be much healthier.

The second number of the Practical Christian, a new monthly publication started in Houston, has reached our table. We wish it success, and hope it may be all, in a broad and generous sense, that its title implies.

The Courier-Record of Medicine, of Dallas, publishes a long list of papers that it has on hand, in cold storage, for its readers, some of them we fear will fall cold on its readers from age and cold storage, if from no other cause.

The SOUTHWESTERN MEDICAL RECORD, is a journal established by physicians for physicians—the official organ of the members of the profession everywhere—the medium through which all can easily come in touch with one another.

It has been computed by the Scientific American that the death rate of the globe is 68 per minute, 97,790 per day, or 35,717,790 per year. The birth rate is 70 per minute, 100,800 per day, or 36,817,200 per year, reckoning the year to be 365 1-4 days in length.

The Board of Health of Philadelphia has sent the following notice to physicians: ‘Physicians may obtain gratuitously the antitoxin of diphtheria for use in certified cases of the indigent sick by applying to Dr. B. Mead Bolton, director of the Bacteriological Laboratory, Room 717, City Hall.’

More Aluminum.—The Pittsburg Reduction Company are doubling the capacity of their plant at Niagara Falls and will use 4,000 electric horse power and employ double the number of men now at work there. Increased uses for the metal are being found, and as the price is reduced the consumption increases.

Negroes are black owing to the ‘stimulating action of solar heat combined with moisture, and an excess of vegetable food, yielding more carbon than can be assimilated, the character then being fixed by heredity.’ The theory appears in a recent geographical school book bearing the name of Cambridge University.

There is no medicine, there is no surgery that is not clinical medicine and clinical surgery. There can be no teaching of our science and our art except it is illustrated very largely with the things that give the lessons, with the patients, with the morbid specimens, with the chemical apparatus, with the skeleton.

At a meeting of one of the large English insurance companies it is shown that more than six thousand dollars had been paid out for deaths due to influenza. The report of the secretary showed that this disease has cost the insurance companies more in the last two years than in the previous forty-three years.—Maryland Medical Journal.

The SOUTHWESTERN MEDICAL RECORD claims to have the largest circulation of any medical journal published in the Southwest; it does not claim to be the largest journal, but it does claim to publish matter more thoroughly practical to the square inch than any other journal. With the SOUTHWESTERN MEDICAL RECORD it is not quantity, but quality, and this is what the busy practitioner wants.

The East Texas Medical Association held a very interesting meeting at Tyler, July 14th and 15th. The next meeting of the Association will be at Jacksonville, Texas, on the second Tuesday in January, 1897. The following are the officers elected: Dr. T. J. Bell, Tyler, President; Dr. Denman Lufkin, 1st Vice President; Dr. Lyford, Jacksonville, 2nd Vice President; Dr. Woldert, Secretary.

Dr. Louis Starr says that within eighteen months he has

seen five cases of scurvy in infants, all under five years of age, induced by sterilized cow's milk. He is not the only gentleman who has observed the same. It is evident that the germ theory at best has its limits, and the sooner the medical profession discovers for itself what these limits are, the better it will be for both doctor and patient.—Medical Age.

It is claimed for aerated bread (Prof. Bailey, Sanitarian) that it takes fourteen and one-half hours less time in making (quite an item), from three to six per cent of starch is saved, it is much more cleaner and the taste for it is easily acquired. Since salt water and carbonic acid are the only additions made to the flour and these added by machinery, the bakers and baking powder manufacturers, would be the only sufferers by the general introduction into this country of so wholesome a food.

Said the late Dr. Goodell, who was not only a good physician, but a good man: "I dare any political economist to show me one expedient whereby conception can be avoided. I challenge him to name a single preventive which will not do damage either to good health or good morals. Even natural sterility is a curse. Show me a home without children, and ten to one you show me an abode dreary in its loneliness, disturbed by jealousy or estrangement, distasteful from wayward caprice or from unlovable eccentricity."

This is a progressive age, and the progressive physician no longer takes any notice of such "wailing and nashing of teeth" as is indulged in by the "Red Back," to the extent of 18 pages, in the July number, against the action of the State Medical Society. Let us throw prejudice, malice and old animosities aside and be men, thinking men, and raise medicine to a higher plane. Continued persecution is but a barbarous way of treating an enemy; let us substitute reason for the prejudices of the past; the day has dawned when we must use reason or fall from among thinking men.

A New Anaesthetic.—Bellencoutre (Jour. de Med. de Paris, December 22, 1895) suggests the use of a new anaesthetic, the oil of guaiac, in all operations on the eye and its appendages excepting those on the cornea and anterior chamber. The solution he employs is 1 gram of crystallized guai-

iac to 10 grams of sterilized olive oil. He introduces the needle of a hypodermic syringe into the part to be operated on and while slowly withdrawing it deposits two or three drops of the solution into the tissue. Anaesthesia is produced in eight or ten minutes and is continued twenty-five minutes.—The Philadelphia Polyclinic.

We submit the following clipping from Clark Bell's address on "The Future of Railway Surgery" and ask for some philosopher to solve the riddle:

Chemistry, which stands as a base and corner stone for the whole structure of the physical sciences, the prolific mother of the wealth of the whole world, stands to surgery, as he who rolled away the stone from the sepulchre two thousand years ago, opening the door through which the light comes forth to glorify and illumine, and by which we see that before hidden and unknown.—International Journal of Surgery.

Dr. H. Knapp, of New York, the well known ophthalmologist and otologist, was heroically rescued from drowning, by the prompt action of his daughter, while bathing at Monmouth Beach, N. J., on June 20.

Dr. Howard A. Kelly, in the Johns Hopkins Hospital Bulletin, has expressed his complete confidence in sterilizing of catgut with cumol, boiling it at 155 deg., Centigrade.

Rush Medical College.—Prof. Edwin Klebs has been elected to the chair of Pathology in Rush Medical College.

This college has recently been recognized by the Examining Board of the Royal College of Physicians and the Royal College of Surgeons of London, England. This recognition entitles its alumni to all the privileges accorded to the graduates of other institutions recognized by that board.

Dr. William P. Northrup has been appointed Professor of Pediatrics in the Bellevue Hospital Medical College.

Dr. Robert Abbe has resigned his professorship of surgery, and Dr. Thomas E. Satterthwaite has been appointed a consulting physician to the New York Post-graduate Medical School and Hospital.

Dr. Jas. C. Wilson, Medical Director of Jefferson Medical College Hospital, in Philadelphia, has resigned. His successor is Dr. Joseph S. Neff.



## POETRY.

## THE COUNTRY DOCTOR.

There's a gathering in the village that has never been outdone  
 Since the soldiers took their muskets to the war of sixty-one.  
 And a lot of lumber wagons near the church upon the hill,  
 And a crowd of country people, Sunday dressed and very still.  
 Now each window is pre-empted by a dozen heads or more,  
 Now the spacious pews are crowded from the pulpit to the door,  
 For with coverlet of blackness on his portly figure spread  
 Lies the grim old country doctor on a massive oaken bed;

Lies the fierce old country doctor,

Lies the kind old country doctor,

Whom the populace considered with a mingled love and dread.

Maybe half the congregation, now of great or little worth,  
 Found this watcher waiting for them when they came upon the earth.  
 This undecorated soldier of a hard, unequal strife  
 Fought in many stubborn battles with the foes that sought their life.  
 In the night-time or the day-time he would rally brave and well,  
 Though the summer lark was piping or the frozen lances fell,  
 Knowing if he won the battle they would praise their Maker's name,  
 Knowing if he lost the battle then the doctor was to blame.

'Twas the brave old virtuous doctor,

'Twas the good old faulty doctor,

'Twas the faithful country doctor fighting stoutly all the same.

When so many pined in sickness he had stood so strongly by,  
 Half the people felt a notion that the doctor couldn't die.  
 They must slowly learn the lesson how to live from day to day  
 And have somehow lost their bearings, now this landmark is away.  
 But perhaps it still is better that this busy life is done,  
 He has seen old views and patients disappearing one by one,  
 He has learned that death is master both of science and of art,  
 He has done his duty fairly and has acted out his part.

And the strong old country doctor,

And the weak old country doctor,

Is entitled to a furlough for his brain and for his heart.

Will Carleton.

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We have boiled the hydrant water,  
 We have sterilized the milk;  
 We have strained the prowling microbe  
 Through the finest kind of silk;  
 We have bought and we have borrowed  
 Every patent health device,  
 And at last the doctor tells us  
 That we've got to boil the ice.

## LITERARY NOTE.

Among the notable series of articles announced by the Open Court for the current year is Count Leo Tolstoi's Christianity and Patriotism, a searching and luminous sketch of the origin of patriotism in European countries, and of the methods by which it is fostered and perverted by governments for the attainments of their selfish ends. Count Tolstoi regards the sentiment of "patriotism," so-called, as incompatible with Christian notions, and gives in justification of his views a profound analysis of the fixed and irrational habits which support despotic government. The publication of the articles, which were written on the occasion of the recent demonstrations in favor of the Franco-Russian alliance, was interdicted in Russia, although they appeared in the Russian language. Count Tolstoi's utterances, while to some they may seem surcharged with his own peculiar views of Christian anarchism, nevertheless contain matter which may be taken to heart by all nations. The series will begin immediately.

The same Journal announces a rare novelette by Richard Wagner, where the great composer clothes his philosophy of music in the vestments of romance, and later a translation of the famous portraiture of Luther by Gustav Freytag. (Yearly, \$1.00.) The Open Court Publishing Co.: Chicago and London.

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 BOOK REVIEW.

"Who shall dispute what the reviewers say?  
 Their word's sufficient, and to ask a reason  
 In such a state as theirs is downright treason."

—CHURCHILL.

"DONT'S FOR CONSUMPTIVES, or the Scientific Management of Pulmonary Tuberculosis. How the Pulmonary Invalid May Make and Maintain a Modern Sanitarium of His Home, With Additional Chapters Descriptive of How Every Consumptive Person May Apply the Forces of Nature to Assist and Hasten Recovery, and also, How the Defects of Heredity May Be Best Overcome:." By

Charles Wilson Ingraham, M. D., Binghamton, N. Y., February, 1896.

We have read this little volume, by the editor of the New York State Medical Reporter, with pleasure and profit. The work is not in reference to the purely medical treatment of consumption, but as to what the patient can do for himself. This little book should be in the hands of every tuberculous person, and should be studied early in life by every individual of a tubercular inheritance. B.

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#### REPRINTS RECEIVED.

“WHAT IS THE MATTER WITH THE AMERICAN STOMACH ?” By J. H. Kellogg, M. D., Member British Gynecological Congress, Society Hygiene of France, American Medical Association, British and American Association for the Advancement of Science, American Microscopical Society, etc., Superintendent of the Medical and Surgical Sanitarium and Hospital, Battle Creek, Michigan.

“HYDRO-GALVANISM OF THE URETHRA,” by Robert Newman, M. D., New York, Consulting Surgeon to Hackensack, Bayonne and McDonough Memorial Hospitals, German Dispensary, West Side, N. Y., and Home in Yonkers, etc., etc.

“DOCTORS AND DOCTORS,” by C. M. Rosser, M. D., Terrell, Texas.

We are in receipt of a reprint, with the above caption. The article is a forcible arraignment of the various Pathies in contradistinction to regular medicine. Special reference is made to Homeopaths, with many quotations from their chief apostle's principal work, “The Organon of the Healing Art.” He in effect says that most of the homeopaths are knaves or fools, hence their failure to secure positions of trust and emolument. We are at liberty to say that a limited number of reprints may be had upon application to the author.

THE FALLACY OF ANTITOXIN TREATMENT AS A CURE FOR DIPHTHERIA. By Elmer Lee, A. M., M. D., Ph. B., Vice-President American Academy of Medicine; Chairman Section on State Medicine, American Medical Association, Chicago, Ill.

## FORMULA.

## ACUTE CYSTITIS.

R̄ Potass. citratis . . .	15.00	grams
Sp chloroformi . . .	75.00	"
Tr digitalis . . . . .	5.00	"
Infus buchu . . . . .	240.00	"

Sig. —2tablespoonfuls three or four times daily. (Fothergill.)  
The following suppository may be inserted high up in the rectum:

R̄ Iodoformi . . . . .	.06	grams
Ext. hyoseyam . . . .	.06	"
Ol theobromæ . . . .	1.00	"
M. et. ft. sup. j.		

## LOCAL ANESTHETIC.

Parsons local anesthetic is composed of

Chloroform . . . . .	12	parts
Tinct. of aconite . . .	12	parts
Tinct. of capsicum . .	4	parts
Tinct. of pyrethrum . .	2	parts
Oil of cloves . . . . .	2	parts
Gum camphor . . . . .	2	parts

Dissolve camphor, add oil of cloves and lastly the tinctures.

## PULMONARY TUBERCULOSIS.

R̄ Creosoti . . . . .	8.00	grams
Alcohol, rect. . . . .	500.00	"
Alcohol, rect. . . . .	240.00	"
Glycerin, pur. . . . .	240.00	"
Chloroform . . . . .	20.00	"
Ol menthol. pip. . . .	8.00	"

M. Sig.—A tablespoonful in sweetened water before each meal.

## LARYNGEAL IRRITATION.

R̄ Alcohol (40 %) . . .	20.00	grams
Menthol . . . . .	.50	"
Cocain, hydriylor. . .	.12	"
Acid benzoic . . . . .	1.00	"

M. Sig.—Use as a gargle or spray. Add ten or twenty drops to half a glassful of warm borated water.—La Reforma Medica.

## TAR FOR HEMORRHOIDS.

The following mixture, applied night and morning to the nodule, will effect a cure in from four to twelve days:

Wood tar . . . . .	3	parts
Ex. of belladonna . . .	3	parts
Glycerin . . . . .	30	parts
Rev. de Ther. Med. Chirur.		

## CHLOASMA—LIVER SPOTS.

R̄ Hyd.g.ammoniat. . .	.10	grams
Zinci oxidi puri . . .	.20	"
Olei theobromæ . . . .	50.00	"
Olei ricini . . . . .	50.00	"
Ess. rosæ, q. s.		

M. Sig.—This ointment is applied morning and evening, after washing the surface with soap and water.

## CHANCROID.

R̄ Hyd. chlor. mit. . . .	4.00	grams
Bis. Subnit. . . . .	4.00	"
Pulv. carb. Ligni . . .	2.00	"

Misce bene Sig.—Apply freely and cover with absorbent cotton.

## MONESIA BARK AS AN EXPECTORANT.

Rosanow (Ther. Wochensch, 1896, Jan. 12.)

The author recommends the aqueous extract of monesia (chrysophillum glycyphleum) bark as an efficient expectorant in cases where ipecac and other remedies produce gastric disturbance. He prescribes it in the following formula:

R̄ Ex. monesia (aqua, dry) . . . . .	2 to 4	grams
Distilled water . . . .	150	grams
Syrup . . . . .	30	grams
Tablespoonful every two hours.—Am. Med.-Surg. Bulletin.		

## PUBLISHER'S NOTES.

Malt-Nutrine can now be had at any drug store in the city. It is invaluable for convalescents, nursing mothers and persons suffering with wasting diseases.

The Houston Drug Co. is prepared to furnish you with all kinds of surgical instruments, buggy cases and surgical dressing. Read their ad. in this issue.

We call attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.

Trikresoliodin.—Registered—Prepared under the formula and supervision of Dr. F. Mortimer Reeves. The peculiar pathological conditions existing in Rhinitis, Atrophic and Hypertrophic, and post-nasal Catarrh, require something more than the palliative measures resorted to, as a rule, to controvert them successfully. Reaction is positively necessary, and can only be secured by an agent producing a safe, non-erosive, osmotic effect, guarded by sedatives and antiseptics non-irritant themselves. This preparation possesses all these requisites. Literature sent on application. Prepared strictly for physicians' use. Meyer Bros. Drug Co., Sole agents, United States and Canada, St. Louis and New York.

“Hockerbrau” is an elegant preparation for convalescents and is also very useful in amylaceous dyspepsia.

In this number appears the announcements of Tulane Medical College, New York Polyclinic, Barnes Medical College, College of Physicians and Surgeons, Baltimore, Fort Worth Medical College and Marion-Sims College of Medicine. To those desiring a little brushing up and to doctors-to-be, we most heartily recommend any of the schools mentioned.



# Southwestern Medical Record.

A MONTHLY JOURNAL OF PRACTICAL MEDICINE AND SURGERY.

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No. 9.

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## ORIGINAL COMMUNICATIONS.

### Local Anaesthesia by Infiltration.

BY DR. J. W. SCOTT, HOUSTON, TEXAS.

The field of minor surgery has always been subjected to considerable limitation by the dangers of general anaesthesia. According to the report made by Prof. Gurlt, of Berlin, in 1894, to the German Society of Surgery, chloroform kills once in 2,650 and ether once in 13,160 administrations. This, I think, is about the average death rate of these two anaesthetics. Besides this danger, both ether and chloroform give rise oftentimes to unpleasant after-effects, usually of a transient nature, but which may in exceptional instances cause permanent trouble. For these reasons, together with a natural dread of general anaesthesia, a great number of persons refuse to have certain minor operations performed, although realizing that their comfort would thereby be materially increased. It can then be readily imagined with what enthusiasm the discovery of the local anaesthetic properties of cocaine was received by the medical profession. The hyperdermatic injection of cocaine was, at first, thought to be

both effective and harmless; as a consequence of which, it at once came into very general use, and supplanted chloroform and ether almost entirely, in minor operations. It was not a great time, however, before it was discovered that the use of this new anaesthetic agent was attended with no little danger. In fact, cases of severe intoxication and fatalities have occurred so frequently that a great number of its strongest advocates have abandoned the use of it entirely as a local anaesthetic. It is calculated that cocaine, as ordinarily used in operations, is four times as fatal as chloroform. Grave and most alarming symptoms may arise from a very small quantity. On one occasion in my experience the injection of a solution containing one-half of a grain, along the track of fistula in ano, produced an immediate and most profound unconsciousness, which lasted from 20 to 30 minutes. There are cases on record in which the introduction of 20 minims of a 4 per cent solution into the urethra has caused death. Dr. Mattison, of Brooklyn, after making a most thorough investigation of this subject, came to the conclusion that the toxic dose of cocaine when injected under the skin was an uncertain quantity: and that the use of this drug, as a local anaesthetic, was, at all times, attended with danger. As the constitutional effects of cocaine are dependent, in great measure, upon the velocity with which it is delivered into the general circulation, it is almost impossible to determine with any degree of accuracy, the amount that can be used, with safety, in any given case. Realizing the uncertainties and dangers of this drug Dr. Schleich, of Berlin, began making experimental investigations several years since, for the purpose of discovering some safe, and at the same time effective method, of producing local anæsthesia. He made known the results of his labors before the German Congress of Surgeons in July 1894. He presented three formulæ, and advocated their use in all surgical procedures, in which a local anæsthetic was applicable. They are as follows:

	GRAM.
R Cocaine mur.....	.20
Morph. mur.....	.025
Natr. Chlor.....	.20
Aq. Dest. ad. ....	100.00

This is known as the strong solution, and is intended for operations upon highly inflamed tissues.

	GRAM.
R Cocaine mur.....	.10
Morph. mur.....	.025
Natr. Chlor.....	.20
Aq. Dest. ad.....	100.00

This is called the medium solution, and is to be used in the great majority of operations.

	GRAM.
R Cocaine mur.....	.01
Morph. mur.....	.005
Natr. Chlor.....	.20
Aq. Dest. ad.....	100.00

This is the weak solution; and should be used in operations upon normal tissues. John Wyeth and Brother, of Philadelphia, have prepared at the suggestions of Prof. Parvin, a series of soluble compressed tablets, which, when dissolved in certain quantities of distilled water will represent accurately the formula just mentioned.

It will be noticed that the amount of cocaine even in the strongest solution is very small, which would lead us to believe that this method must, at any rate, be perfectly safe.

It will also be observed that a 0.2 per cent salt solution was used, as the vehicle in each formula. The reason of this is, that Dr. Schleich, during his experiment, discovered that while an injection of plain distilled water would produce anæsthesia, the pain accompanying the injection was very severe, and that by adding sufficient salt to make a 0.2 per cent solution, this pain could, to a great extent, be eliminated without diminishing the anæsthetic action. It was also found, that while a 0.2 per cent salt solution would produce anæsthesia, in normal tissues, it would not overcome the hyperæsthesia attendant upon inflammatory conditions, and for this reason a small quantity of cocaine and morphine were added, the amount necessary for this purpose having been determined by a series of experiments. The manner in which local anæsthesia is produced, according to Dr. Schleich's method, is as follows: The bottle containing the solution intended for use is placed upon ice, and the solution is thus kept cool during the operation. All antiseptic precautions

having been observed, the needle is inserted into, instead of under the skin, and a sufficient quantity of the fluid is injected to form a white, bloodless wheal, the size of a penny. The needle is then removed, and reinserted at the periphery of this wheal, but still within it, and a new wheal is raised. In this way, the skin covering the entire field of operation, can be anæsthetized. The needle can now be pushed through the anæsthetized skin, and the subcutaneous tissue be rendered anæsthetic, by injecting it full of the solution. The fasciæ, muscles and periosteum are then to be treated in the same manner. When it is necessary to divide large nerve trunks, it is recommended that 2 or 3 drops of 5 per cent phenol solution be injected into the sheath of the nerve. Inflamed tissues are not to be infiltrated until the adjacent normal tissues are anæsthetized. One of Dr. Schleich's rules is: "Never begin the infiltration in an inflamed area, or abscess, but surround it, and advance upon it from all sides, via the sound skin."

The anæsthesia produced by infiltration is due to the artificial aenemia established, to the high pressure upon the nerves, to the reduction of temperature brought about by cooling the solution before it is injected, and to the direct action of cocaine and morphine. Dr. Schleich, at the time of reading his paper (July, 1894) had performed 3,000 operations by means of infiltration-anaesthesia, and in not a single case was there the least manifestation of any intoxication. He claims to have removed the ovaries without giving rise to any pain, and, in fact, has become so enthusiastic that he has almost discontinued the use of chloroform and ether entirely. Prof. Parvin, who had witnessed a great number of operations by this method while in Europe last summer, brought the subject up quite recently before the County Medical Society in Philadelphia. To demonstrate its effectiveness, and at the same time the technique of the operation, he had, to the astonishment of all those present, an incision one inch long, made into his own arm and sewed up by an assistant. The Professor thinks that at least 50 per cent. of the operations in which ether or chloroform is now used, could be as successfully performed with one of Schleich's solutions. Dr. Wurdemann, of Milwaukee, has given infiltration-an-

æsthesia a trial, and makes a very favorable report of his results. Dr. Parham, of New Orleans, has performed quite a number of operations by this method, among which was a re-section of a rib, in a case of empyema. Dr. Van Hook, of Chicago, reports a case in which he made use of it to open up the knee-joint, for the purpose of removing a foreign body. Whenever this method has been adopted, it has given great satisfaction. My own personal experience with it is confined to one circumcision, the removal of a small fatty tumor, the opening of three abscesses, and one bone-felon, and the extraction of a bullet, located just in front of the shoulder joint, about one inch from the surface of the skin. The anaesthesia obtained in each of these minor operations was complete and satisfactory in every respect. In the case of the bone-felon, I used one and a half drachms of the strong solution, and although the incision was carried down to the periosteum, the patient did not feel the least pain. Considering that this method combines effectiveness with safety, every physician should use it in all cases in which it is possible to do so. In minor surgery, it should be the anaesthetic to the exclusion of all others, and even in a great number of the larger operations it can be utilized with most gratifying results to both the patient and surgeon.

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#### **Aneurism of the Thoracic Aorta.\***

BY J. H. SAMPSON, M. D., HOUSTON, TEXAS.

Mr. President and Gentlemen:—

The specimen from this case, which I am about to report, demonstrates so beautifully the pathology of aneurisms, that I will enter briefly into the etiology, pathology and morbid anatomy.

Among the causes we have: first, Trauma.

This causes a rupture of several coats of the vessel walls and heals with the formation of a cicatrix of fibroid connective tissue, poorly supplied with blood; hence, soon to show

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\*Case reported and specimen presented before the Houston District Medical Society, July 22, 1896.



the loss of nutrition. This is to replace and act in the capacity of a normal, resilient, elastic and well nourished tubing.

Secondly: Syphilitic endarteritis, causing gummatous and sclerotic changes in the intima; also a thickening of the outer or adventitious coat of the vessel, due to the extension of the inflammation.

Thirdly: Tubercular perivascular changes.

Fourthly: Gout, Bright's disease, any of the metallic poisons, or toxæmia, from infectious diseases; in short, any irritation in the circulation may set up an endarteritis, and pass through the natural pathological evolution seen in loss of normal parenchyma, which is replaced by fibrous connective tissue.

Aneurisms found before middle life are, in the vast majority of cases, due, either to trauma, syphilis, or tuberculosis. After this period, to uric acid diathesis and its effects upon the kidney and general circulation.

In treating of the pathology of aneurism, we will assume that uric acid diathesis, with gouty kidney, has been the etiological factor. Here, we have contracted kidney, with a compensating cardiac hypertrophy. This hypertrophy, though not clearly demonstrated in the specimen I am about to offer for your inspection, is, however, the usual result of fibroid changes in the vessel walls. Naturally, with the increase in the resistance of the tubing, we should expect an increase in the heart's impulse, and, likewise, in the force of the blood stream. Now, with this increased force of the heart's action upon the walls of the vessels, which have already felt the effects of the irritant within their circulating medium, we have, as a result, small breaks in the intima, which become inflamed, and taking on the usual fibroid infiltration, become much thicker than normal. This increase in tissue naturally calls for more nutrition, and a better blood supply.

If we follow the minute pathology of such a course, we will see that instead of an increase in vascularity, these tissues undergo a slow process of starvation, by having their normal blood supply strangulated by connective tissue infiltration; hence, soon to pass through lower forms of degeneration. Thus we have at first a fibroid condition, which

passes on to a hyaline or sclerotic change; this soon to go on to the formation of atheromatous abscesses, fatty and calcareous changes.

In this specimen you will observe these different grades of degeneration.

We shall also consider the peri and pari-vascular changes brought about by an extension of the inflammation, causing strong adhesions to take place between the tumor and the surrounding tissues. We can but appreciate in this the effort of nature to strengthen the poorly protected and weakened walls, which have lost their peculiar elastic power, —becoming stiff and brittle through the aforesaid degenerative processes. While we are having such breastworks of protection thrown up on the outside, a wise provision in the formation of clots is also taking place within the walls. These clots act in one capacity. They not only go to strengthen the inner walls, but also retard, to a certain extent, the force of the blood current, thereby diminishing the pressure.

The ragged, roughened condition of the walls, after reaching a certain stage, certainly suggested to Macewen his ingenious method of treating aneurisms, by needling the intima, along with perfect rest and diet,—all of which tend to lower blood pressure, slow heart's action, and induce the formation of clots upon the roughened, irritated walls. These clots, if not contaminated by infection, will go to full organization, forming themselves in layers of connective tissue, (as we can see beautifully demonstrated in this specimen) which become adherent to the walls of the vessel, provided the nutrition in the walls can support and nourish them. However, as you plainly see in this case, the walls will, sooner or later, reach that point where they can no longer furnish this nourishment. The result is, we have the clot clinging in some places and loose in others; hence, this large clot, which has undergone a certain degree of organization, and is hanging almost pendulous within this large dilated sack, would be adherent to the walls, had not the walls reached that degree of degeneration which prevents their supplying the necessary nutrition.

The anatomical relationship of aneurism, of the first,

second and third parts of the thoracic aorta, with the surrounding structures, is exceedingly interesting, in consideration of its symptomatology; especially that of the second and third portions.

In the first part, we have the pulmonary vessels of the right lung behind, while those of the left lung are on the left side. In this case the second part and upper portion of the third, is of especial interest to us. You will observe that the second portion of the vessel is resting upon the trachea just above its bifurcation. It was at this point that the first clot was formed, which was completely organized, pressing upon trachea, also crossing over the œsophagus and thoracic duct. Lying in front of the vessel we have the vagus, phrenic, and a most important structure, the right recurrent laryngeal nerve, which curves around and passes up behind the vessel—the left recurrent laryngeal passing up the left side of the vessel.

The particularly interesting feature of this case is the peculiar latent character of the symptoms, which were not only calculated to confuse the diagnosis but to astonish the observer, when we consider the great extent of area involved in the disease.

#### HISTORY OF CASE.

Edward R. T., age 43. Family history, good.

Previous history: Occupation, that of a cattle man. Led a wild exposed life as a young man; drank considerably. Contracted a mild attack of yellow fever in 1867, which was followed by no complications, or sequelæ. Never had any of the infectious fevers. Was somewhat excessive sexually, at times. Never contracted a hard sore, nor showed any secondary or tertiary symptoms of syphilis. Has never shown any symptoms of Bright's disease. Upon examination, a faint trace of albumen, but no casts were found. He had sustained several very heavy falls from horses; otherwise he was perfectly healthy, with the exception of the attack of yellow fever, up to last February a year ago. While during the heavy snow of that time, 1895, he contracted a severe cold, and suddenly lost his voice. He came to Houston for treatment of his throat. After about two months stay he was much relieved, returned home, and resumed his

work, feeling perfectly well again. His voice at this time was still husky.

I am sure nothing could be more harmful or contra-indicated in his condition than such an occupation. However, he had not the slightest inconvenience, nor did he once find it necessary to lay off, or discontinue work up to within five weeks of his death.

About five weeks before his death he was taken with a severe attack of cholera morbus, passing considerable blood by the bowel. Shortly after this he contracted a severe cold; had, also, at the same time chills and fever, followed by sweat. He had about three of these attacks periodically. They were soon controlled under the administration of qui-



1. Very rough in lower second and beginning of third portion, in which large clot rested before incision. 2. Large pendulous clot. 3. Rupture through oesophagus. 4. Depression in which large pendulous clot rested before incision. 5. Trachea. 6. Laminated clot pressing on trachea. 7. Calcareous spot. 8. Chordae tendinae. 9. First portion of aorta quite normal. 10. Second portion of aorta, very rough. 11. Laminated clot on trachea. 12. Trachea. 13. Rupture through oesophagus. 14. Oesophagus. 15. Aorta, lower third portion showing atheromatous abscesses.

nine. He had, at this time, a severe cough, and expectorated large quantities of heavy, yellowish-green sputum. The cough continued incessantly; the sputum, however, changed in its character from a heavy greenish to a white, watery, viscid mucus.

The hoarseness increased to some extent.

Since the attack of cholera morbus he lost considerably in weight and strength. He was advised to see a specialist in regard to the condition of his throat. Dr. Hodges, being consulted, and seeing that the case was not one for a specialist to handle, advised a consultation, and thus the case fell into my hands.

When I saw him his cough was very severe, and he expectorated a white, viscid mucus, which was at times streaked with blood. I observed, however, that when blood was expectorated, the patient would invariably regurgitate before spitting.

For the last couple of weeks he found a little trouble in swallowing solid food, but not enough to create any anxiety on his part until about three days before his death. At this time, while trying to swallow a piece of meat, he found that it lodged before reaching the stomach, and was soon regurgitated.

At the time I was called, he was not even able to get milk to pass into his stomach. Even at this period he did not experience the slightest pain. The milk was thrown out streaked with blood. He was suffering considerable dyspnoea, and was somewhat cyanosed. His voice quite weak and hoarse.

That he did not experience the least pain with all of these grave pressure symptoms was, I think, due to the very slow atrophic changes, brought about by continuous pressure. However, just before his death, he had severe pain under the left shoulder blade and lower portion of the left pleura.

Auscultation gave over the roots of the lungs, especially the left lung, large mucous rales. In the lower lobes of the lungs, especially the left, the vesicular murmur was quite faint, and expiration considerably prolonged. The second heart sound was somewhat accentuated, and preceded by a faint, systolic murmur. Could get no bruit,



nor any abnormally situated pulsation. Percussion gave quite an enlarged area of dullness over the mediastinum, this dullness extending from the left lobe of the liver up to the second intercostal space.

The difference between the heart's beat and the radial pulse was not very far from normal, and the pulse was quite good in volume, force and tension. This may be accounted for when we consider the position of the bulk of the lesion.

Upon first going over this case, I concluded at once that we were dealing with a tumor in the mediastinum—the character of which I regarded as either an aneurism or malignancy. The absence of bruit, pulsation, pain, and the condition of the pulse—together with the previous history of the patient, obscured the diagnosis of aneurism.

However, the symptoms did not admit of the diagnosis of malignancy. The questionable diagnosis of aneurism was soon made evident by severe arterial hemorrhage from the oesophagus. Three days later he had a recurrent hemorrhage, which proved fatal.

Having secured an autopsy, the following very interesting pathological lesions were revealed. Upon opening into the thoracic cavity, a large aneurismal tumor presented itself, lobulated to the touch. This was found to be due to the large organized clots contained in it. The tumor was strongly adherent to the roots of the lungs, especially of the left, the pleura, pericardium, trachea and oesophagus. The oesophagus, as you see, about its lower third shows an erosion through its walls of about two inches in length.

That the first hemorrhage did not prove fatal with such a large rupture, can be readily explained when we consider the position of the large, pendulous clot, which, dropping into the rupture, formed, as it were, a ball valve, thereby obstructing the opening. At the same time we should consider the diminution of pressure brought about by the violent hemorrhage, which amounted to at least a quart and a half. The surprising feature in a case of such grave pathological lesion is, that this man should have pursued such an active vocation, viz: The severe horseback exercise incidental to the duties of an energetic ranchman. This work being actively pursued to within five weeks of his death, free from

pain, cough, dyspnoea, or any other pressure symptom, except his voice.

The explanation of this interim in the pressure symptoms, in this case, was, no doubt, nature's effort to correct the lesion. The pressure symptoms, manifested two years ago, were, I believe, due to the active process of the aneurism. Nature's effort in repairing the lesion, viz: by the formation of the clot, which underwent organization, with the retraction of the tumor mass—thus reducing the pressure—gave the relief. This, I think, is clearly demonstrated by the existing fully organized laminated clot.

There is a wonderful power in the human hand, and the inexplicable results caused by its application in producing the phenomena of hypnotism, etc., are too well known to need more than mention here. This latent force—call it electric, magnetic, electro-magnetic, psychic, odic, or what you will—has stopped many a pain, soothed many an ache, and brought ease and comfort when other means have failed. The hand, or rather the two hands, with the fingers interlocked, when placed and kept upon the pit of the stomach for a few minutes, or half an hour if necessary, will almost surely arouse the sluggish contractions of the stomach, or, if placed lower down upon the abdomen, of the intestine. Do this persistently and steadily, and soon a movement will be experienced, with a gurgling sound, perhaps, and thus the cause of sleeplessness will be removed. All this can be easily explained by the influence of the pressure of the hand acting upon the great nerves of the stomach and intestines, and their reflex action upon the brain.—Popular Science News.

It is now proposed to give antitoxin by the rectum. We are willing to cast our vote for this proposition, If it must be used at all, let us inject it into the rectum, rub it on the skin, or let the patient inhale it—anything is better than putting it directly into the circulation.

The advantages of this method are that the doctor can give his remedies by the mouth as usual and still observe the latest fad in therapeutics. We will not descant upon the humbuggery of such practice, because the man who can see scientific progress in the discovery of antitoxin is not the man who can see reason or common sense anywhere.—Medical Brief.

# Southwestern MEDICAL RECORD.

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## EDITORIAL DEPARTMENT.

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PHARMACEUTICAL AND MEDICAL LEGISLATION IN TEXAS.—At the last meeting of the State Pharmaceutical Association, which convened at Dallas and adjourned May 21, a bill was referred to the Legislative Committee regulating the sale of morphine, cocaine, etc. Reputable pharmacists and physicians have long recognized the necessity of such a law, but no one has ever taken the proper steps to have it enacted. Suicides, and cases of poisoning from narcotic drugs, are almost daily occurring in our cities, and the morphine and other drug habits are increasing at an alarming rate. There

are druggists in Texas making a living selling narcotics, and unless there is some legislation to protect an ignorant and unfortunate class of people against this evil it is impossible to estimate the ultimate pernicious effects upon our future population. This is a question that should interest the physician equally as much as the pharmacist and both druggists and physicians should unite their efforts and prevail upon the Legislature to pass the bill.

There will be a strong influence brought to bear against the passage of this bill, for if the bill should become a law it will cut off a large revenue from this disreputable class of druggists, that care more for dollars and cents than they do for human life and human character.

The bill to regulate the practice of medicine, which was recommended by the State Medical Association at its last meeting, has already been very fully discussed by our honorable cotemporaries. We can not understand why a regular physician who professes loyalty to the Association and claims to be in sympathy with the better element of our professions should oppose such a law. It is not just for the conscientious man, who has spent much time and money in preparing himself for the efficient and legitimate practice of medicine, to be forced to compete with the dishonest quack and ignoramus.

We should have a law to protect an ignorant and confiding public against the illiterate pretenders, and the cunning vampires posing under the title of "doctor," that are constantly being driven into Texas from other states.

The average member of the Legislature is not able to distinguish a physician from a quack. The majority of bills introduced are amended to death or ridiculed out of existence. To illustrate: Mr. Winters, a populist in the Kansas Legislature, said: "We western people can't support your plug-

hat doctors; we've got a lot of old women who are better than any of them.''

The passage of a bill depends upon the organized efforts of medical men. We need not expect a law that will please every one. Our State Association is composed of representative medical men. After due deliberation, the Association has recommended a medical practice bill. This bill may not be perfect, but if it will regulate the practice more effectively than the present law, it is the duty of every physician, whether he is a regular, a homeopath or an eclectic, to direct his influence in favor of the bill. While there is division and dissension in our own ranks we can not expect the Legislature to pass any law regulating the practice of medicine.

Our present law has done a great deal towards excluding the ignoramus from our profession. No doubt many of our readers can remember certain individuals who suddenly abandoned the practice of medicine, "according to act of Legislature," soon after our present law was passed.

The law is not so effective as formerly, for many frauds are learning to evade it by registering papers, which really convey no authority. The District Clerk is called upon to register all kinds of documents from genuine certificates issued by medical examining boards and diplomas from first-class medical colleges, down to patent medicine and quack testimonials and bogus diplomas from schools which never existed.

Every medical society in the State, and the physicians in each county should unite and memorialize the Legislature to pass the present Association bill without any amendments.

P. 4

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WE HAD, in the July number, the pleasure of presenting to you a paper by Dr. J. O. Williams, who claims the flattering distinction of being the first surgeon on this continent



to perform symphyseotomy. Now we have the additional pleasure of presenting (in the correspondence department) two statements from rival claimants for priority in the use of bichloride of mercury in variola. The two statements are the result of a comment of ours in the July number, on treatment of small-pox as outlined by Dr. Geo. O. Butler of Ohio, wherein credit was given Dr. Osborn for recommending the bichloride solution. Quite an interest has developed in the subject, and you will see what the Texas Medical Journal, Dr. Daniel, editor, has to say concerning it:

“Dr. Red requests Dr. Osborn to give him a statement of the facts, and Dr. Osborn refers the letter to us, with request that we protect his claim to priority. In the fulfillment of that request, we call attention to the fact that in March, 1894, Dr. T. C. Osborn wrote us that he had an idea that small-pox could be arrested in mid-career, as it were, and pustulating (and pitting) prevented by the timely application (third day) of a strong germicide, his idea being that there were colonies of the germs scattered about over the surface of the body, and that they could be destroyed in situ. . . . . ‘Dr. Osborn’s name should go down to posterity, coupled with that of Jenner, as a benefactor to his race and an honor to his day and generation.

. . . Had such claim been telegraphed across from Germany, and credited to some man with an unpronounceable name, the medical press of America would have been by now filled with it, and every doctor would have been reporting upon his success with the method.’ We observe that in a recent issue of the New York Medical Record, Dr. Bryan has been experimenting with the bichloride as a preventive of pustulation, and as an abortive treatment, has gotten hold of Dr. Osborn’s idea, and is laying claim to the discovery. Dr. Osborn is clearly entitled to priority in the matter.”

Dr. Daniel’s faux pas, you will see, by reference to the correspondence referred to above, is a natural one. He did not have the facts before him, and consequently could not do otherwise, as we would like to do, than warmly support the claims of a Texan. It is only our exceptional advan-

tage that enables us to speak differently. We have the pamphlet referred to by Dr. J. Kornitzer, Vienna (now New Mexico) and it substantiates every claim made by him. It was published February, 1880, and read before the Academy of Medicine, Cincinnati, O., during the same month. We quote from the pamphlet the part bearing particularly upon treatment of variola.

“For this purpose I prescribe, e. g., in scarlet, measles, variola and other exanthemata, merc. sublim. corros. gr. xii; spir. vin. rectific., Glycerin., aq. distill, 4 oz. each. Of this solution three to four tablespoonsful are poured out on a saucer and, by means of a barber’s brush, applied all over the body, care to be taken of the apertures. This to be repeated two times in the twenty-four hours. I never had to regret the application of this powerful wash.”

We do not question but that the treatment is original with Dr. Osborn, as independent investigators often arrive at the same conclusion; yet with our present lights we are forced to believe that Dr. J. Kornitzer, “from Germany, \*\* with the unpronounceable name,” takes the palm for priority by fourteen years.

R.

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CHICAGO’S HYPNOTIC CLINIC.—The London “Light,” March 15, 1896, contains a “Notice by the Way,” to the effect that the Illinois Medical College, formerly the Chicago Summer School of Medicine, will quite soon have opened a daily clinic of only one hour for the treatment of patients by hypnotism. It is prophetically announced “that the number of patients will be so large that additional hours will have to be devoted to the work.” Dr. W. F. Waugh, late of Philadelphia, is the Dean of the faculty, and Dr. Herberth A. Parkyn, of Queen’s University, Kingston, is the lecturer of Psycho-Therapeutics. The promoters of this innovation anticipate a gratifying “land office business.” Our

contemporary further quotes: "The Progressive Thinker" gives a thorough description of Dr. Parkyn's personal charms, as well as echoing his national reputation in hackey, cricket, swimming, rowing, base-ball and tennis. At present he is organizing an all-Chicago hackey team." The seriousness and responsibility of establishing and operating an institution of this sort are indeed grave and worthy of the deepest thought and sincere consideration. The founders of an hospital of this character should, in the first place, obtain the confidence of the profession, and secondly, cultivate the intelligent belief of the community that their intentions and aims are honorable and worthy of support and encouragement, in order that the work of the institution shall be the most genuine in character and its results a pride to the profession and city of Chicago. We do not know if there be a law in Illinois restricting or proscribing the medical use of hypnotism, but in radical Russia it is necessary for three registered physicians to be present during a seance of hypnotism. Mental suggestion in the hypnotic state, is of undoubted therapeutic benefit, but it should be controlled by the careful selection of patients and administered only in those cases where there is little doubt about its indication. J. A. M.

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DR. E. L. LANPHEAR, in a recent article on puerperal eclampsia, asks the surprising question, "Can puerperal eclampsia be cured?" He then proceeds to describe how to do it. He still further states that all authorities agree in advising immediate delivery of the foetus. We have this comment to make: that any physician who blindly follows authorities will often find himself making egregious blunders. It takes a special providence to enable one to practice medicine according to authorities.

Appropos of this, I wish to mention a case of puerperal eclampsia recently reported by Dr. R. W. Knox to the

Houston Dist. Med. Ass'n. The case developed during the seventh month of pregnancy. The scanty urine of the patient, examined before the attack, showed a large per cent of albumen, so much so that upon applying heat and acid the specimen became solid and would remain undisturbed, even though the test-tube was inverted. The oedema of the legs was excessive, and extended in a less degree all over the body and face and even to the hands. The attack, as was expected, came on suddenly. When the Dr. hastily arrived he at once gave chloroform and a hypodermic injection of ten minims of veratrum viridi. The convulsions ceased soon after beginning the treatment, as mentioned, and never returned. The Dr. repeated the veratrum once again the first day, and made diligent use of diuretics and sweat baths.

The patient became so much improved that instrumental interference was abandoned. But, two days later, a normal labor resulted in a healthy infant. The nephritis disappeared on the termination of pregnancy without any special treatment. So much for one's own judgment. Set rules do not apply in medicine any more than in the weather. Authorities are only useful in showing one way of doing anything.

R.

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“BLANCHE, TRAY AND SWEETHEART are all snapping at our heels. We protest it is asking too much to expect us to notice everything that growls at us. Snap away. We don't mind what is said of us, so that our friends confine themselves to a statement of facts. Common decency demands this, at least.”—Red Back.

Blanche, Tray and Sweetheart cannot be blamed very much, for at the present time the heels of the Red Back are the only parts of its anatomy in sight to snap at. The worthy editor of this periodical is on the run; and Blanche, Tray and Sweetheart will have to do some lively sprinting to get a nip, even at his heels. Before making his “break for the

woods," our eontemporary makes, as a last request, that his pursuers confine themselves to faets. The only trouble about granting this very modest request is, that heretofore the Red Back has never been able to diagnose a fact, when one was presented for examination.

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ONE MAY SOMETIMES spend, very pleasantly, an idle moment looking up the varied styles of different authors, and espeially of medical authors, for they are many-hued. They reach from the grave and gay, labored and clear, to what is known, in school-boy slang, as "ehawing," (a word used to express the state of holding one up, justly or unjustly, to ridicule.) Those using this last style are ordinarily not very aceurate. To illustrate: A certain pretentious journal, that glories in a niek-name, says: "Deep, unfathomed caves of ocean bear," doubtless not knowing that Gray says "dark." . . . This same editor speaks of "brushed away by . . . steam shovel" as a metaphor hard to elassify. He has evidently not seen one at work. While posing as an authority on poetry, he yet mistakes prose for poetry; because the time-honored expression, "'neath nature's deep base," was introduced in the midst of a sentence. As this style of writers ordinarily do, he drops into personalities and speaks of a brother editor as "having lost his temper and his manners," and ealls his journal a "windmill." They are usually perfect masters of slang, and I will give you a few of the afore-said's ehoiceest: "Not any for Joe," "Gee whizz," "Flummux," and so on until, in the next issue I shall expect to see, "There's where he dropped his wad."

They sometimes say what they do not mean and mean what they do not say, or mean nothing. Appropos of this, we submit, without eomment, the following: "Shades of our departed great, hide your diminished heads."—Niekname.



Dark insinuations and vile comparisons are a part of their stock arguments. And from the same author: "We could, as the doctor well knows, retaliate in kind, . . . but there is something about the role of informer that is despicable," "he made an ass of himself," and such like, ad libitum. The pronouns of these writers are sometimes (as the French say of the Americans) "without antecedent," e. g. In some idle moment take up one of these vitreous writings and look it over. R.

## CORRESPONDENCE.

SOCORRO, N. M., July 14, 1896.

Southwestern Medical Record:

In an essay, "Pathology and Abortive Treatment of Zymotic Diseases," read before the Ohio Academy of Medicine, Cincinnati, Ohio, February 16, 1880, I, the first of all, proffered to the profession the idea of applying (externally) the bichloride of mercury solution in variola and scarlet. The lecture was published in pamphlet form, of which I still hold several copies. I clearly remember having sent one to a doctor in Texas at his own request, but feel quite sure it was not Dr. Osborn. Believing there to be no wrong in stating the title of priority, be it one's own or otherwise, I beg your pardon for this molestation, respectfully yours,

DR. J. KORNITZER.

CLEBURNE TEXAS, Aug. 18, 1896.

For the Southwestern Medical Record.

My Dear Doctor:—I am charmed with the apparently warm interest you manifest in my discovery of the value of the bichloride of mercury in the treatment of small-pox, and take pleasure in returning you my grateful thanks, and best wishes for your happiness and prosperity.

There is not, in my mind, any doubt as to my priority in the use of the corrosive sublimate in the treatment of the small-pox, as well as some other infectious eruptions; and I

am equally confident that the idea was evolved in my own mind by reasonings associated with the frequent washings of my hands when in attendance upon the epidemic of variola in the city of Cleburne during the spring months of 1894. In these ablutions I used a saturated solution of the bichloride several times a day in the quarantine camp, and again at home, without ever feeling the slightest inconvenience in any way from the medicine. The fact is, I have come to think that the profession entertains a very silly prejudice against the bichloride, on account of its poisonous nature, especially in its application to the surface of the body. I have used saturated solutions of it on hundreds of other persons, without ever seeing the least harm from its toxic properties, and I keep a bottle full of it on my own wash stand ready for service as a disinfectant on my face, hands, arms and breast, after attendance upon cases of an infectious character. I am often asked to do something to kill the lice on the heads of white and black children, and invariably use the bichloride solution, greatly preferring it to the old fashioned, stinking mercurial ointment. For several years I have used the solution in all the cases of gonorrhea that came under my care, as an injection into the urethra, and have never had the slightest reason to regret the practice.

I hope you will pardon my reference to such general prescriptions for the poisonous liquid, when I assure you that my object is to convince your readers of my fearless association with the agent, and as proof of my assertion that it was this association that evolved the idea of its use in the abortive treatment of small-pox.

Ever since the John Dotson case was published in the May issue of the Texas Sanitarian, in 1894, I have become more and more confident that in the course of a few years the profession will see the rational propriety of the free administration of at least a 5 per cent solution of the bichloride applied to the skin in the treatment of small-pox. Indeed, I am tempted to believe that the heading in that paper was well nigh fatal to its introduction into general reading circles. Very few practicing physicians know all about variola; nor do they care to know, as they have no desire to visit such cases and drive off all their other patients for the time being;

and assuredly they are not going to read what they think is a disquisition upon the loathsome affliction. The same may be said of leprosy. My case was unfortunately headed, "Can Small-pox be Aborted?" and everyone who saw the heading shivered with fear that the paper was a labored treatise on a disease of which they cared to know nothing; whilst in fact, it was only the details of a case of aborted small-pox. But the day is hopefully near when my rational treatment of small-pox will be generously adopted by the profession, and then will end the practice of vaccination, on account of its sometimes ugly complications, and because of the abortion of the disease by this safe remedy, and speedy restoration to health of the patient. I am enthusiastic on this subject, because the remedy acts so promptly, and its beneficial effects are so perceptible to the eye of the beholder, within a few moments after the application of the treatment is made.

In the months of June, July and August following that publication, a small epidemic of variella occurred, in which there were perfect small-pox pustules on the forehead, face and breast of many of the patients. These pustules were truly mammillated, having a colored areola as large as a silver five cent coin, slightly elevated, and a protruding pustule, with a flat top and central depression, or pit, with rays running from the center to the circumference, forming a perfect small-pox pustule. There is no other eruptive disease having these characteristic features, and English authors designate it as "modified small-pox." This form of disease is decidedly peculiar. It is seen only at the time of, or soon after, epidemics of small-pox. I am not prepared to say that a visitation of small-pox leaves in its atmospheric train a taint of its contagion; but I am easily persuaded that, like all other great epidemics, small-pox may, as do the fever, cholera and dysentery epidemics, stamp either the atmosphere or the diathesis of the people with a pronounced characteristic, which sometimes, under favorable circumstances, remains for many years afterwards. As an illustration I will cite the epidemic of Asiatic cholera of 1835, which so depressed the diathesis of the people that inflammatory diseases were much less frequent, and the practice of blood-letting was, in a great measure, brushed

aside in favor of veratrum, which has lasted until lately. The turn of the tide is again in favor of venesection, and all advocates are again supplying themselves with thumb lancets, and bleeding in pneumonia, as in the days before the forties. I take some pride in saying I have occasionally let blood in the treatment of pneumonia during all this interregnum, and always with benefit to the patient. In fact, I never had a venesection to disappoint my expectations, and have never seen an instance of danger to the patient in its after-effects.

I beg you will pardon me for this digression, when, I frankly confess, I could not well resist its charming overtures. You cannot fail, however, to notice the scientific suggestions the digression embodies, and in "casting them on the waters," I feel that "they will return after many days," and other minds will follow up the train of thought.

To return to our subject. The minor epidemic of vari-cella, with modified small-pox, had such marked features as to call for expert evidence to settle the vexed question of its classification. As the authorized county physician, I was called here and there for an opinion, and several cases came to my care for treatment. In all these cases I recommended to others, and myself used, the treatment adopted so successfully in the Dotson case: that is, no matter what the stage of the eruption was, the skin was sponged with a solution of the bichloride of mercury, and the eyes, nose, ears, mouth and throat were sprayed with per oxide of hydrogen; the diet nourishing; the bowels kept in gentle action with hyposulphite of soda; and, if necessary, an occasional toddy was administered to keep the action of the heart from flagging under the nervous depression.

You will perceive that, in my treatment, I had in view the disinfection of the contagious germs. I felt sure that if the bacteria could be destroyed the progress of the disease would be arrested, and convalescence would be at once established. In this belief I trusted, and the result in every case showed that my faith was well founded.

Even in the administration of the hyposulphite of soda, the idea was clearly in the line of disinfection. That agent is gently aperient in its effects, and in the stomach it is rap-

idly decomposed, and there is liberated in the bowels a fine quantity of sulphurated hydrogen gas, which, in itself, is a very efficient germicide. As a medicine it fills our expectations in correcting acidity; and as an aperient it can hardly be excelled by any other agent in the *materia medica*.

T. C. OSBORN, M. D.

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### **Hydrophobia as a Simulated Disease.**

Editors Southwestern Medical Record:

We have observed with regret numerous sensational stories concerning alleged mad dogs and the terrible results to human beings bitten by them, which are published from time to time in the newspapers. Such accounts frighten people into various nervous disorders and cause brutal treatment of animals suspected of madness; and yet there is upon record a great mass of testimony from physicians asserting the extreme rarity of hydrophobia even in the dog, while many medical men of wide experience are of the opinion that if it develops in human beings at all, it is only on extremely rare occasions; that the condition of hysterical excitement in man described by newspapers as "hydrophobia" is merely a series of symptoms, due usually to dread of the disease, such dread being caused by realistic newspaper and other reports acting upon the imaginations of persons scratched or bitten by animals suspected of rabies.

The late Dr. Hiram Corson, whose practice extended over a period of seventy (70) years, during which time he searched diligently for the disease in man or animal, wrote under the date of January 18. 1896, "I have never had a real case of hydrophobia."

Dr. Traill Green, a physician like Dr. Corson, accurate in observation, careful in statement, and whose practice also extends over a long period, writes under date of January 28, 1896, "I have never had a case of hydrophobia, nor have I ever seen a case" in the practice of other physicians.

Dr. Matthew Woods, who has been in quest of the disease for twenty years, and who during two summers personally visited every case reported in Philadelphia, asserts



that he never saw hydrophobia either in man or animal, and although six years ago, at the conclusion of a paper on the subject read before a large audience, he offered \$100 to any person bringing him such a patient, yet so far no one has claimed the reward. Dr. Woods furthermore adds that although he has questioned many physicians on the subject he has not yet found one who has ever seen hydrophobia either in man or animal.

At the Philadelphia Dog Pound, where, on an average, over six thousand (6000) vagrant dogs are taken up annually, and where the catchers and keepers are frequently bitten while handling them, not a case of hydrophobia has occurred during its entire history of twenty-five years, in which time about 150,000 dogs were handled.

The well-known specialist, Dr. Edward C. Spitz, Professor of Medical Jurisprudence and of the Anatomy and Physiology of the Nervous System in the New York Post-Graduate School of Medicine, and President of the New York Neurological Society, writes: "Much of the observation of suspicious dogs is made through optics disturbed by fear, and by persons incompetent to interpret what they see." "Notwithstanding every effort," he continues, "made by the writer to secure the observation of rabies in man or dog, not a single opportunity has offered itself during the last eight years" (the period of his observation).

The record of the London Hospital a few years ago showed 2668 persons bitten by angry dogs. None of them developed hydrophobia. St. George's Hospital, London, records 4000 patients bitten by dogs supposed to have been mad. No case of hydrophobia.

In the record of all the diseases which have occurred at the Pennsylvania Hospital in a hundred and forty years, only two cases which were supposed to be hydrophobia have occurred. One of these however, the only one submitted to bacteriological test, did not confirm the diagnosis "hydrophobia," and the municipal authorities refused to accept the death as one from that disease.

Finally, Dr. Charles W. Dulles, Lecturer on the History of Medicine at the University of Pennsylvania, who has had

the honor of being repeatedly appointed by the Medical Societies of the state to investigate rabies, and has read various papers on the subject before the American Medical Association, the College of Physicians of Philadelphia, the Philadelphia County Medical Society, the Medical Society of Pennsylvania, the Medico-Legal Society of New York, and has corresponded on the subject with most of the distinguished medical men of Europe, a physician familiar both with the literature of rabies, the history of Pasteur and the institutions called by his name, and who in addition has performed the almost incredible task of investigating, either personally or by correspondence with the physician or others in attendance, every case reported in the newspapers of the United States for the past sixteen years, shows that hydrophobia is extremely rare, so much so that he inclines to the view that "there is no such specific malady," having "after sixteen years of investigation failed to find a single case on record that can be conclusively proved to have resulted from the bite of a dog or any other cause."

In view, therefore, of the importance to the community of the above statements, may we not appeal to the press for their widest publication, and for the future suppression in its columns of such alarming and misleading reports as we have above indicated? Their prominence and the air of reality they give to what are but erroneous interpretations of phenomena having an entirely different meaning, cause much suffering, especially to nervous persons, and also much cruelty to man's faithful companion, the confiding dog.

"I fully concur in the opinions expressed in the above letter. During an experience of forty-four years as a physician I have not seen a case of hydrophobia, and I am of the opinion that if newspapers could be prevailed upon to talk less about it, the number of so-called attacks of the disease would be greatly diminished, as they are mainly forms of hysteria more due to the fear of hydrophobia than to the absorption of animal virus."

THEOPHILUS PARVIN, M. D., LL.D.,

Professor of Obstetrics and Diseases of Women and Children, Jefferson Medical College; President of the National Academy of Medicine; Member of the Philadelphia County Medical Society and of the College of Physicians and Surgeons, Philadelphia.

“I entirely coincide with the views expressed in the above communication. During a period of more than thirty years as one of the surgeons of the Pennsylvania Hospital, but two cases, so far as I know, have been brought there for the treatment of hydrophobia. One was under the care of the late Dr. John F. Meigs, with whom I saw the patient; death occurred shortly after admission. The other case was in October last—a lad of four years of age who had been bitten a month previously; he died a few hours after admission, but the negative results of the bacteriological examination of the secretions, it appears, did not warrant the Board of Health’s acceptance of the hospital certificate of death from hydrophobia. THOMAS G. MORTON, M. D.,

Fellow of the College of Physicians of Philadelphia; President of the Philadelphia Academy of Surgery; Senior Surgeon to Pennsylvania Hospital, Philadelphia.

“I have seen many patients suffering from what was called hydrophobia, both in my own practice and in consultation with other physicians, yet all were examples of diseases of entirely different character with symptoms resembling those supposed to be symptoms of hydrophobia. I do not feel justified in saying that hydrophobia does not exist, but I have never seen a so-called case that could not be explained on some other view than that of the introduction of a specific morbid virus. Although I have taken special pains to find a clear case of hydrophobia in the human subject, I have not yet succeeded.”

CHARLES K. MILLS, M. D.,

Professor of Mental Diseases and of Medical Jurisprudence, University of Pennsylvania; Neurologist to the Philadelphia Hospital; Professor of Nervous Diseases, Woman’s Medical College, Philadelphia.

“I believe the publication of the above letter will be a benefit to the community already unnecessarily alarmed over the supposed danger of dog bite. I am of the opinion that the bite of a dog is no more dangerous than the scratch of a pin or the puncture of an infectious nail, but because of exaggerated printed and oral accounts the picture of hydrophobia is so stamped upon the public mind that the thought of it, after being bitten by a dog, throws imaginative people

into such panics of nervous excitement that they unconsciously reproduce its supposed symptoms.

“Although I have practiced surgery in private and in many of the hospitals of Philadelphia for the last twenty years, I have never seen a case of hydrophobia either in man or dog, nor do I know any other physician or surgeon who has.

“The late Samuel D. Gross, M. D., D. C. L., the venerable Professor of Surgery in the Jefferson Medical College, with whom I was associated for many years, and whose large practice included every known medical and surgical disorder, never saw a case of hydrophobia.”

JOSEPH W. HEARN, M. D.,

Fellow of the Philadelphia College of Physicians and Surgeons and of the Philadelphia Academy of Surgeons; Professor of Clinical Surgery, Jefferson Medical College.

“The above letter to the press on the subject of hydrophobia meets with my approval, as I believe that if there is such a disease it is exceedingly rare. I have never seen a case, and I believe that the publication of exaggerated reports of what are sometimes called hydrophobia cause much unnecessary suffering both to human beings and dogs.”

SOLOMON SOLIS-COHEN, M. D.,

Professor of Clinical Medicine and Therapeutics in the Philadelphia Polyclinic and College for Graduation in Medicine; Clinical Lecturer on Medicine at Jefferson Medical College, Philadelphia.

“I am glad of the opportunity to express my concurrence in the plan and need of the above letter. During an experience of twenty-five years in the active practice of medicine I have not seen a case of real rabies in man or animal, but I know that people who may have been bitten by dogs are sometimes frightened into hysterical conditions in which they involuntarily reproduce all the supposed symptoms of hydrophobia. Besides there are many other disorders, as for example angina and cynanche of the fauces, to mention but two, connected with the respiratory apparatus, where the symptoms are similar to those supposed to be the symptoms of hydrophobia, such as difficulty and often impossibility of swallowing water, a feeling of horror at the mere idea of having ing to swallow, convulsive movements, delirium, slaver at

the mouth, etc. In such cases the popular picture of hydrophobia seems to be complete, and it is not at all strange that they are sometimes mistaken for that volatile disorder. The publication of the above letter is calculated to do much good, inasmuch as its lucid presentation of contemporary opinion is such as to properly convince the timid that there is no more danger from dog-bite than there is from any other wound.''

THOMAS J. MAYS, M. D.,

Fellow of the College of Physicians and Surgeons of Philadelphia;  
Member of the American Medical Association; Professor of Diseases  
of the Chest in the Philadelphia Polyclinic; Visiting Physician to  
the Rush Hospital for Consumptives, Philadelphia.

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ST. LOUIS, July 30, 1896.

Editors Southwestern Medical Record:

I desire to announce to you that the date of the meeting of the Mississippi Valley Medical Association has been changed to September 15, 16, 17, 18, in order to permit the members and their families to take the opportunity accorded by this change to make a pleasant tour through the Yellowstone Park, so justly celebrated as the wonderland of America. It is urged that all members who desire to join the party should send their names to Dr. C. A. Wheaton, Chairman of the Committee of Arrangements, St. Paul, at as early a date as possible. If you desire to read a paper before the meeting, please send to me the title at once. Very truly yours,

HANAU W. LOEB, Secretary.

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ST. LOUIS, August 5, 1896.

To the Editors of the Southwestern Medical Record:

I should be very much pleased if you would publish the appended notice. Very truly yours, H. W. LOEB, Sec'y.

Whereas, Dr. I. E. Love has found it incumbent on him to sever his connection with the Marion-Sims College of Medicine, the members of the Faculty of that institution embrace this occasion to express their appreciation of his past services, and to extend to him their hope that in all his future connections he will find both pleasure and profit.

B. M. HYPES, }  
R. C. ATKINSON. } Committee.  
C. BAREK, }



## NEWS AND MISCELLANY.

Dr. C. S. Vance made a visit to his old home at Cisco on the 16th ult.

Congenital physical deformities are often associated with mental defects.

During the War of the Rebellion, 47 surgeons were killed and 97 wounded.

Doctress M. E. Holland recently returned from a vacation spent in the North.

Dr. J. A. Mullen, of Houston, has just returned from a week spent at Sour Lake.

Over-feeding is said to be largely responsible for tympanitis during typhoid fever.

Dr. J. Webb Douglass made a business trip recently to Palestine, his former home.

Sand filtration affords the most available means for purification of polluted water supply.

A female physician has been elected president of the Board of Health at Oakland, California.

Dr. and Mrs. Heisig, of Houston, are rejoicing over the birth of a male child into their household.

Dr. D. F. Stuart and son, Dr. J. R. Stuart, operated for appendicitis at Ledbetter, August 9th.

The Illinois Humane Society is after the cyclers who carry infants or young children on their wheels.

Asthma.—Chloride of methyl spray upon the back, up and down the spine especially, it is said will cut short an attack.

The yeast cell was discovered in 1837 and from that time dates the greatest revolution that has ever occurred in medicine.

We are expecting every day that some workman, in the excort-horse mine will find an antitoxin and thus ‘‘bring theory forth to fact.’’

Fld. Ext. Berberis Aquifolium in doses of ten to thirty minims three times a day will clear away the pimples from the faces of girls.

Dr. H. C. McClenahan, in ordering the RECORD, says: "I regard it as the best medical literature published in Texas." Thanks, doctor.

Dr. S. E. Cox, in Southern Practitioner, reports a case of strychnine poisoning (18 grains) that died five days and five hours after taking the poison.

Mr. H. C. Frick, manager of the Carnegie fortune, of Pittsburg, will build a hospital for the treatment of children's diseases in that city, at a cost of \$50,000.

Dr. M. B. Washam has been appointed to the superintendency of the insane asylum at Austin, made vacant by the resignation of Dr. C. T. Simpson.

The New York Medical Journal is one of the best weekly medical journals published, and the number bearing date of August 15th is a most excellent number.

The University of Edinburg has conferred the degree of Doctor of Laws on Prof. Francis Amasa Walker, President of the Massachusetts Institute of Technology.

Prof. A. L. McRae, recently professor of physics in the University of Texas, has opened an office in St. Louis as consulting electrical engineer, at 306 Oriol Building.

The United States Marine Hospital at Chicago, Ill., is to have an addition of an operating amphitheater, with all the latest appliances for aseptic work. The structure will cost \$6,970.

The Mountainside Hospital, at Montclair, N. J., recently received a legacy of \$10,000 from the estate of John W. Pinkham, who was consulting physician to the institution at the time of his death.

Dr. W. W. Van Valzah has been elected professor and Dr. J. Douglas Nisbet, adjunct-professor in the department of general medicine at the New York Polyclinic Medical School and Hospital.

Tomatoes are a powerful aperient for the liver, a sovereign remedy for dyspepsia and indigestion. Tomatoes are invaluable in all conditions of the system in which the use of calomel is indicated.—Medical Brief.

The London Temperance Hospital has received a gift of

\$250 from a friend of the cause, ninety years old, "as a thank-offering for having completed fifty-six years of abstinence from intoxicating liquor."—Medical Review.

For pains in the ovary, due to functional disturbances, Dr. Tally, Philadelphia Polyclinic, advises the use of one to two drop doses of gelsemium in combination with a drachm of fl. ex. virb. prunif., dose to be taken four times a day.

Dr. J. C. B. Renfro, of Houston, has gone to Lagrange, Texas, to practice medicine. The doctor had practiced medicine 28 years at Lagrange before coming to Houston. His friends at Lagrange are rejoicing over his return.

We kindly ask every physician who receives this copy of the RECORD to fill out the blank provided in this number for information regarding infectious diseases, and mail to the SOUTHWESTERN MEDICAL RECORD. Thanking you in advance for the information, we are yours respectfully, EDITORS.

Chas. L. Dana, Virginia Medical Semi-Monthly, treats tic doloreaux with rapidly increasing hypodermic injections of strychnia. Some cases can bear even more than a quarter of a grain. After six weeks, patients are placed on iodide of potassium and nitro-glycerin.

We are glad to note the steady improvement and unquestioned prosperity of the Charlotte Medical Journal. Drs. Register and Montgomery are making it an up-to-date, sprightly Journal, which supplies the wants of the busy practitioner. It deserves to succeed.

M. Reclus is credited with saying that if, for any reason, chloroform or ether was contra-medicated, he would not hesitate to perform abdominal section or amputate a limb under cocaine anaesthesia. He has already amputated an arm and fore-arm, using cocaine as the anaesthetic.

Dr. J. W. Irvin, Professor of Hygiene and State Medicine, Ft. Worth, reports a case of precocious menstruation in the New York Medical Journal, that is indeed remarkable. Menstruation began on the 7th day after birth, and has continued regularly, with one exception, to the present time, or about one year.

Prof. J. S. Billings, who, perhaps, has had more hon-

orary medical degrees conferred upon him than any man in America, will receive the honorary degree of Doctor of Medicine by the Budapest University on the occasion of the Hungarian Millenium. Sir Joseph Lister, the English surgeon, at the same time and place, will receive the same degree.

Dr. J. R. Stuart, surgeon to the Houston Infirmary, wife and sister, have gone North for an absence of four to six weeks. The Doctor's wife and sister will remain at Salt Lake City, while he joins friends on a hunt through the territory from Salt Lake City to Yellowstone Park.

"The power of ever man, in whatever rank or position of life he may find himself, is made greater, his usefulness to himself increased, and he himself is by this difference raised in the scale of humanity, if he has heart to express himself in written words easily, clearly and well.—Medical Brief.

The Appleton Prize, consisting of \$25 worth of Messrs. D. Appleton & Co's. medical publications, offered annually by that firm to the candidate passing the best examination before the Board of Medical Examiners of the State of North Carolina, was won this year by Dr. Charles S. Mangum, of Chapel Hill, who has a per centage of 94,144.

The Scientific American, of New York, has signalized its 50th anniversary by the publication of a very handsome 72-page special number, which consists of a review of the development of science and the industrial arts in the United States during the past fifty years. It was an ambitious undertaking, and the work has been well done.

Dr. T. D. Crothers (N. Y. State Medical Reporter) states that "recent studies of alcohol cases show that over sixty per cent. are directly inherited. If this is confirmed by later studies, the treatment of inebriety will in future begin in infancy, and the higher science and art of medicine will win its greatest triumphs along the line of prevention."

At its regular meeting on August 10th occurred the semi-annual election of officers of the Houston District Medical Association. The following were elected to serve the ensuing six months: Dr. R. T. Morris, President; Dr. O. L. Norsworthy, Vice President; Dr. T. H. Cronin, Secretary;

Dr. D. F. Weir, Treasurer; and Drs. Fuller, Phenix and Armstrong, board of censors.

The annual report (Dallas News) of Health Officer V. P. Armstrong, Dallas, has just been given to the public. In it he tenders the aldermen some caustic criticism and wholesome advice. The report shows the per mille annual death rate as 16, the same being an increase of 60 per cent. Of the deaths reported a little over 13 per cent are from phthisis. The mortality at Parkland (City Hospital) is given as slightly over 6 per cent.

A new soporific, to which the name Pellotin has been given, has been discovered in a Mexican cactus called anhalonium. The native Mexicans eat slices of the plant, which they call "pellote." Its hypnotic alkaloid has been separated by Dr. Hefter, of Leipsic. One grain of pellotin is equal in its effects to 15 1-2 grains of trional and 31 grains of hydrate of chloral. It is effective in quieting delirium tremens only in large doses.—College and Chemical Record.

"The sudden death of Dr. Leslie Waggener, erstwhile acting president of the University of Texas), occurred at Manitou, Colorado, August 20, 1896." This announcement on August 21st, brought a pang of regret to many an ex-student, for while a proud and sensitive man, he yet endeared himself to his associates, as is possible only, to the truly great. The Reaper reaps both the great and small, while the M. D. stands abashed in the presence of a power he does not understand.

Dr. William H. Howard, who has been practically dead to the world for the past seven years or more, passed away at 7:30 o'clock last night at his residence on Webster and Smith streets, and will be buried to-morrow, August 18. The deceased was 81 years of age and a native of Kentucky. He had lived in Houston for thirty or forty years, and years ago, when in the zenith of his professional career, he stood easily at the head of the medical profession in Houston, his practice being large and lucrative. He was regarded by the pioneers of Houston as an oracle on medical science and no man died comfortably unless Dr. Howard had been called in consultation at his deathbed. About the only confreres of



Dr. Howard, who are still practicing medicine in Houston, are Drs. D. F. Stuart, George A. McDonnell, J. J. Burroughs, J. Larendon and R. Rutherford, and many of these were tyros when Dr. Howard was regarded as a veteran practitioner.—Houston Post.

Dr. Senn has introduced a novel and important modification of Chopart's amputation of the foot. It is well known that after this operation the tendo Achilles often contracts and throws the end of the stump forward, so that the patient walks on the corner of the stump instead of the plantar surface. At best there can be no voluntary flexion or extension, and no elasticity to the step. To obviate this Dr. Senn dissected out the flexor and extensor tendons and brought them together over the stump, lapping them so as to give ample room for stitching them together. The patient, a young man, made an excellent recovery, with the most beautiful results. The tendons united so that perfect flexion and extension was secured. This result will certainly give the person a much more natural and elastic step in walking. This is the first instance on record where the tendons were united over the end of the stump in Chopart's operation, and it reflects credit upon the skill and ingenuity of Dr. Senn.—Medical Sentinel.

The Board of Health of Louisiana was recently organized by the election of Dr. S. R. Olliphant as President, Dr. R. W. Walmesley as Vice-President and Dr. G. F. Patton as Secretary and Treasurer.

Connecticut has enacted a law which provides that no man and woman, either of whom is epileptic, imbecile or feeble-minded, shall intermarry or live together as man and wife, when the woman is under forty-five years of age. The penalty is not less than three years' imprisonment.

The statistics of life insurance show that in the last twenty-five years the average woman's life has increased from nearly forty-two to nearly forty-six, or more than 8 per cent., while man's life average has increased from nearly forty-two to forty-four, which is 5 per cent.

## BOOK REVIEW.

"Who shall dispute what the reviewers say?  
Their word's sufficient, and to ask a reason  
In such a state as theirs is downright treason."

—CHURCHILL.

A TREATISE ON APPENDICITIS, by John B. Deaver, M. D., Surgeon to the German Hospital; Assistant Professor of Applied Anatomy, University of Pennsylvania; Surgeon-in-Charge of the Children's Hospital of the Mary J. Drexel Home, etc.; containing 32 full page plates and illustrations. Price \$3.50 in cloth. Published by P. Blakiston, Son & Co., 1012 Walnut street, Philadelphia. This book contains chapters on the History, Anatomy, Etiology, Pathology, Symptoms, Diagnosis, Differential Diagnosis, Prognosis, Treatment, After-Treatment, Complications and Sequelæ.

The chapter on Anatomy describes the appendix in its various relations, types and anomalies, while that on Pathology is especially valuable on account of its thorough description, and its "handsome series of colored illustrations, showing typical pathological conditions, many of which were drawn and colored from the appendix itself immediately after removal." While the author emphasizes the etiology, symptomatology and special technique in the operative treatment, he has not fallen short in the least of the highest measure of excellence in any department of the work. He has presented such a systematic study of the disease "that not only the usual symptoms may be traced from their inception to their termination, but also that the various anomalous conditions so frequently met with may be recognized with equal facility."

This book will commend itself to any physician for its clear and thorough teaching, its terse and forcible style, and the wealth of experience which it represents. The mechanical part is skillfully executed, and the illustrations lead the student into every detail of operation, as much as if he had a well-conducted clinic before him.

The work will be appreciated by any surgeon, and it is indispensable to the man who expects to do many operations for appendicitis.

P.

## REPRINTS RECEIVED.

THE PATHOLOGY AND ABORTIVE TREATMENT OF ALL ZYMOTIC AND INFLAMMATORY DISEASES, by Dr. J. Kornitzer, Socorro, N. M.

HOW TO CURE RHEUMATISM. by Elmer Lee, A. M., M. D., Ph. B., Vice President American Academy of Medicine; Chairman Section on State Medicine, American Medical Association, Chicago, Illinois.

CHOLERA TREATMENT ANTE-"BACILLUM," by Dr. J. Kornitzer, Socorro, N. M.

OPHTHALMIA NEONATORUM, by William Cheatham, M. D., A. B., Professor of Ophthalmology, Otology, and Laryngology in the Louisville Medical College, etc., Louisville, Kentucky.

SOME CONCLUSIONS DRAWN FROM EXPERIENCE IN PELVIC SURGERY, by A. V. L. Brokaw, M. D., Professor of Anatomy and Clinical Professor Gynecology, Missouri Medical College, St. Louis, Mo.

MIMETIC DISEASES, by Mathew Woods, M. D., Member of Philadelphia County Medical Society and of the American Medical Association.

The Annual Announcement and catalogue of the following Medical Colleges have been received:

University of Colorado, Denver, Col.

Fort Wayne College of Medicine, Fort Wayne, Ind.

University College of Medicine, Richmond, Va.

Starling Medical College, Columbus, Ohio.

Vanderbilt University, Nashville, Tenn.

Medical Department University of Nashville, Nashville, Tennessee.

Medical College of Ohio, Cincinnati, Ohio.

Medical Department University of Tennessee, Nashville, Tennessee.

University of Pennsylvania, Philadelphia, Penn.

Missouri Medical College, St. Louis, Mo.

Medical Department University of Texas, Galveston, Tex.

Kansas City Medical College, Kansas City, Mo.

Medical Department of Fort Worth University, Fort Worth, Texas.

Marion-Sims College of Medicine, St. Louis, Mo.

The annual announcement of the following dental college has been received:

Chicago College of Dental Surgery, Chicago, Illinois.

## PUBLISHER'S NOTES.

As the time is fast approaching when the college is selected for the aspiring medical student from which he will go forth equipped for many medical battles, we append the following for their benefit: There are various factors influencing the selection of an alma mater—the locality, fees and clinical advantages are generally the most important, and the clinical advantages are deserving of the utmost consideration.

MEDICAL DEPARTMENT OF THE TULANE UNIVERSITY OF LOUISIANA.—This institution is well-known throughout the South and West, having been founded in 1834. Its hospital advantages and distinguished corps of professors are sufficient guarantees of its reliability. We can safely recommend this college.

NEW YORK POLYCLINIC AND HOSPITAL.—Such names as Wyeth, Dawborn, Wylie and Munde, will attract the attention of those desiring a post-graduate course. Their connection with an institution are a surety of its excellent advantages.

BARNES' MEDICAL COLLEGE.—This well-known institution opens September 21, and continues six months. The faculty and instructors are well known throughout the profession, and will certainly give the students every opportunity to become proficient in their calling. Write to Dr. Pickney French for information.

COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE, MD.—The regular annual session begins October 1, 1896, and continues six months. The preliminary begins September 15, 1896. Dr. Opie will gladly supply you with other information.

MEDICAL DEPARTMENT OF FORT WORTH UNIVERSITY.—To those desiring to remain in Texas and receive medical instruction, Fort Worth is near by and affords the opportunity. The faculty is well known, so no comments are necessary.

MARION-SIMS COLLEGE OF MEDICINE.—Refer to their ad. in these issues; read the corps of teachers, and also notice the fees. The fees are in reach of all. The student

has also opportunity to do laboratory work in chemistry, histology, pathology, physiology and bacteriology.

Malt-Nutrine can now be had at any drug store in the city. It is invaluable for convalescents, nursing mothers and persons suffering with wasting diseases.

The Houston Drug Co. is prepared to furnish you with all kinds of surgical instruments, buggy cases and surgical dressing. Read their ad. in this issue.

We call attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.

Trikresoliodin.—Registered—Prepared under the formula and supervision of Dr. F. Mortimer Reeves. The peculiar pathological conditions existing in Rhinitis, Atrophic and Hypertrophic, and post-nasal Catarrh, require something more than the palliative measures resorted to, as a rule, to controvert them successfully. Reaction is positively necessary, and can only be secured by an agent producing a safe, non-erosive, osmotic effect, guarded by sedatives and antiseptics non-irritant themselves. This preparation possesses all these requisites. Literature sent on application. Prepared strictly for physicians' use. Meyer Bros. Drug Co., Sole agents, United States and Canada, St. Louis and New York.

“Hockerbrau” is an elegant preparation for convalescents and is also very useful in amylaceous dyspepsia.

In this number appears the announcements of Tulane Medical College, New York Polyclinic, Barnes Medical College, College of Physicians and Surgeons, Baltimore, Fort Worth Medical College and Marion-Sims College of Medicine. To those desiring a little brushing up and to doctors-to-be, we most heartily recommend any of the schools mentioned.



# Southwestern Medical Record.

A MONTHLY JOURNAL OF PRACTICAL MEDICINE AND SURGERY.

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## ORIGINAL COMMUNICATIONS.

### **The Mechanical Treatment of Gastro-Intestinal Diseases in Children.\***

BY E. M. ARMSTRONG, M. D., HOUSTON, TEXAS.

In thinking of a subject for a very brief paper, I have decided to say a few words for the stomach tube, or siphon, and for the rectal tube, in the treatment of gastro-intestinal troubles in children—of their aid to ordinary methods.

Every one uses the stomach pump, or tube, for various purposes in adult practice; but its use in the thorough washing out or irrigation of the stomach, together with the rectal tube for the colon, is more limited, I believe, than their happy effects should warrant.

The causation, whether of acute indigestion, with vomiting and more or less diarrhœa, or of acute dyspeptic diarrhœa, with its severe vomiting, prostration, high fever and restlessness; or of cholera-infantum, or of the acute catarrhal inflammations, which are, in fact, generally a result of these—I say the causation of a majority of cases is either an improper quality or quantity of food, or an improper mode of

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\*Read before the Houston District Medical Association, August, 1896.

feeding, which naturally suggest improper behavior after the feeding. Instead of digestion, therefore, there takes place decomposition and fermentation, with the formation of acids which, with the aid of the omnipresent germ (an important factor in fermentation), irritate the gastric mucosa to the secretion of mucous and to the exfoliation of epithelium; all of which make a mixture that is either vomited or passed on into the intestines, to continue with augmented forces the work of derangement until it is expelled.

From such a condition we should expect definite pathological lesions, and in many autopsies I have found just such—either a congested mucous membrane with softened and swollen epithelial cells, or an inflamed one with much thickening, enlarged vessels and glands, heavy mucoid exudate and softened epithelium, or an ulcerated one, more marked from below upwards.

With such a causation, inducing directly such pathology, we would naturally relieve the tract of the offending material as soon as possible. Such is nature's idea and such the object of correct medicinal therapeutics. With the stomach tube we can cleanse that organ most thoroughly and quickly, not only removing loose debris and fluids, but by a thorough irrigation, with plain or medicated water, we can wash the walls free of all adherent mucous, etc., and soothe, certainly at least, a congested mucous membrane. If necessary, with the high rectal tube we can almost as perfectly cleanse the entire colon. Thus with a cleansed stomach and colon, an exhibition of the usual purgatives, antiseptics, astringents and nervines, can be made from a decided vantage ground. The process may be, and is generally needed to be, repeated one or more times, due to new food being taken, new secretions—abnormal or soon becoming so—and debris pushed down from the small intestines.

This stomach "lavage" is not very unpleasant, is not prostrating, having used it many times even with severest complications, and the beneficial effects of washing away so much offending matter from the gastro-intestinal tract with the soothing water, are soon seen, a likely comparison being the relief of opening a large tense abscess. The only difficulty lies in the hesitating consent and doubting looks of the

parents, which after all is largely a personal equation with the physician and their confidence in him.

Its utility is not alone seen in acute cases. In the more or less chronic indigestions, with slight and occasional vomiting of undigested curdled food; or in the slight diarrhœas of a conglomerate mixture of decomposing faecal matter, mucous and sometimes blood, a few washings of the stomach, with or without ‘‘lavage’’ of the colon, as indicated, seems to prevent vomiting, and to determine a better digestion of food to be passed on, and to prepare a better receptacle for it in the colon, where digestion is largely completed.

The technique, though simple, may bear description. Standing directly in front of the child, well covered with oil-cloth, with a well cleansed tube in the right hand (a rubber tube, with a glass funnel at one end and a glass tube at the other, to which may be attached any size of rubber catheter, is used), insert the left forefinger into the mouth to guide the tube past the epiglottis. If the child has teeth, a cork or some other protection of the finger is needed. Push the tube until it meets the resistance offered by the pharynx. Patience, aided by the crying and perhaps gagging of the child, will soon secure its advancement, when it glides easily into the stomach. By the ordinary process of siphoning, irrigate until the return water is clear. Two quarts or more may be necessary. Withdraw the tube quickly but gently.

Now a word for ‘‘gavage,’’ or the use of the stomach tube in feeding. Two classes of cases will be mentioned, in which it often proves very effective: 1st. Where food cannot be retained. 2nd. Where an insufficiency can only be, or is only taken. It does seem strange that when after removing the usual causes of emesis, food cannot be retained by children, it can be administered directly into the stomach by a tube and given a hospitable reception. I have not been able to explain it, nor have I seen any one who could, but it is a fact and sometimes may prove a very valuable one. In a childrens’ hospital in which I once served, it was a common practice to feed thus, when after various expedients and under various conditions, food would not be retained. The other class is where an insufficient amount is taken. The conditions which sometimes lead to this are manifold—a severe illness, or one in an

unfavorable locality, marasmus, scrofula, quaternary syphilis, slow convalescence after a prolonged illness. By this method you can give just as much and just the kind you may desire. The technique is just the same as for "lavage," with two precautions. 1st. After placing the tube, wait until the child has ceased to cry and has become accustomed to the invasion, before giving the food which should be done very gradually. 2nd. Before withdrawing, be sure that every drop has flowed from the tube, and then do so with a quick, sudden jerk.

This is only a very general description of the therapeutic applicability of "lavage" and "gavage," but it will serve to call our attention to these simple and comparatively widely used agents, which in my opinion, are full of possibilities and satisfaction to the faithful users.

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#### A Peculiar Case of Anaesthesia.

REPORTED BY DR. J. O. WILLIAMS, HOUSTON, TEXAS.

Complete sensory anaesthesia for 40 minutes, the intellectual faculties remain in tact. Without the intention of entering upon the subject of anaesthesia—the way or manner of effect—but simply to report observations in a recent instance of chloroform anaesthesia and the condition of the mental faculties during the same, and permitting the readers to construct their own solution.

Mrs. J., age 43, about 5 feet and 5 inches high, of Danish birth, red hair and blue eyes, of decided determination in expression, and a healthy woman up to five months ago, since when she has suffered pain in the region of the stomach; at times they were more general through abdominal and thoracic regions.

Six weeks ago she noticed a lump in the left epigastric region; enlargement has progressed rapidly. At the time of exploratory caeliotomy, the growth or enlargement occupied epigastric, right lumbar, umbilical and left lumbar regions. At 8 a. m. August 6, 1896, the administration of chloroform was begun and after 10 minutes Dr. Wier, who

conducted the anaesthesia, pronounced the patient ready. There had been no excitement, resentment or scarcely a move made. The line of incision of 5 inches in length was made without a muscular twitch or other manifestations of sensation. The blood that flowed was a bright red. Cavity was entered, the superior growth was of an extensively enlarged left lobe of liver, the under surface of which was nodular and adherent to the lesser curvature of the stomach. Nodules were found to surround the oesophageal entrance. The inferior enlargement was that of a nodular mass, involving about four-fifths of the entire stomach. Nodules extending down the duodenum, the omental and mesenteric tissues contained many grape-like clusters. The wound was closed, dressing applied and patient removed without least demonstration of sensation being present.

Upon return of consciousness, if the expression be permissible, the patient proceeded to tell the subject of the conversation and the names of the persons (those that she knew) who took part, what each one said, the call for instruments, the dropping of an instrument upon the floor, the call for a certain ligature and the announcement of the same being out, a substitute decided upon. The remarks relative to condition, extent and character of growth, in some instances using technical phraseology, all of which was unintelligible to the patient. In fact a very succinct account was rendered of the happenings incident to the anaesthetic state. Thus constituting anaesthesia of the tissues of sensation and motion while the intellectual faculties remained impressive, receptive and finally impactive.

It is of no unusual occurrence to hear a patient affirm the knowledge of certain facts, words or even the presence of pain during operations, but to my mind the conditions of the mind in relation to the corporeal organization, as was here encountered, opens up a field for thought, that if not profitable will certainly serve to accommodate the penetrative minds of theorizing giants.

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A contributor to Leonard's Illustrated Medical Journal, July, gives the following list of the oldest physicans whose names appear in Polk's Medical and Surgical Register. The



list is not complete. It omits, for example, Dr. Robert Boal, until recently in active practice at Peoria, Illinois, and now living at Lacon, who graduated at the Medical College of Ohio in 1828. Those named in the list are: Phineas Spaulding, of Haverhill, N. H., who graduated from Dartmouth Medical College in 1823. The next oldest is Thomas Sylvester, Salem, Iowa; he graduated from the Royal College of Surgeons, London, England, 1826. The next oldest is Daniel S. Forney, of Burlington, Iowa; he graduated from the Washington University School of Medicine, in 1828. The next oldest is Levi G. Hill, of Dover, N. H., who graduated from Dartmouth Medical College in 1838.—Ohio Medical Journal.

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The bill establishing a National University of the United States has been reported favorably by the senate committee. It grants a charter to the university, provides for its government, grants it the ground in the city of Washington designated by President Washington as a site for a National University, and appropriates \$15,000 for the fiscal year ending on June 30, 1897, and \$25,000 for the year following.

—Medical Fortnightly.

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A statistician compiled the following figures, showing the cost of nourishment for the various nations: The average Englishman consumes \$250 worth of food per year; Germans and Austrians, \$216 worth; Frenchmen, \$212; Italians, \$110, and the Russians only \$96 worth of eatables per year. In the consumption of meat the English-speaking nations are also in the lead, with 128 pounds of meat a year per capita of the population; the Frenchman using 95 pounds; Austrians, 79; Germans, 72; Italians, 52; Russians, 50. The consumption of bread is reversed, being compared to that of meat. The English use 410 pounds a year; the the Frenchman, 595; the Austrians, 605; Germans, 620; Spanish, 640; Italians, 660; Russians, 725.—The Sanitarian.

# Southwestern MEDICAL RECORD.

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All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports, Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

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Entered as second class mail matter at the Postoffice at Houston, Texas.

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## EDITORIAL DEPARTMENT.

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### Diathesis and Cachexia.

ALL candid physicians will admit that the power of medicine is very much restricted; that empiricism is frequently worthy of more confidence than the best laid rules; but these are not sufficient reasons for ignoring certain broad principles in the treatment of disease.

One of the principles that is deserving of the most consideration and zealous attention, is the influence of diathesis and cachexia upon the etiology, course and prognosis of any malady.

The physiognomy of disease should be sedulously studied—the pulsating temporal and the flushed face, the enlarged glands and prominent epiphyses, and ‘‘Hutchinson’s teeth,’’ should be as clearly read as if stamped in large letters: ‘‘I have a gouty tendency; my heart is hypertrophied;’’ or, ‘‘I have a strumous diathesis; be careful of injuries to my joints;’’ or, ‘‘Behold a victim of my father’s indulgence; behold the stamp of inherited syphilis.’’

The practitioner that observes these signs and properly interprets them, is certainly in a position to give his patient better treatment and establish for himself a better reputation. Constant practice of a systematic observation of the symptoms presented, their relations to one another, and their dependence upon a constitutional condition, inherited or acquired will soon establish the habit, and in a short time the physician will notice at a glance the whole train of symptoms; whereas the tyro would blunder along, requiring perhaps an hour to reach the same conclusions. Under such practice the observation and deduction becomes more or less an unconscious cerebration.

We desire to call special attention to the strumous diathesis and malarial cachexia. A proper appreciation of these two conditions and their relation to the disease existing will afford great satisfaction to the physician and be of untold benefit to the patient; while ignorance upon the subject may allow a very simple case to become serious and cause the physician to become skeptical and declare there is no virtue in drugs.

It may be stated as an axiom, that in the majority of cases any departure from the normal standard, any disturbance of the physiological equilibrium, is a manifestation of one of the diatheses or cachexiæ, and the most prominent symptom is of the least importance in regard to treatment, except as to being a guide-post to something beyond.

In malarial diarrhoea, astringents and sedatives are prescribed without any benefit until quinine and arsenic are given, and then the change is magical. In headaches from syphilis, the bromides and coal tar preparations are given until the patient not only becomes discouraged but disgusted, and with a great deal of reason exclaims, "Throw physic to the dogs."

It is useless to treat the mucous membrane of the strumous without constitutional measures and out-door exercise. We frequently notice how persistent some cases of rhinitis, urethretis, endometritis or bronchitis, in spite of all local remedies, and how yielding to cod-liver oil, tonics and hygiene.

A very sure way of ascertaining one's diathesis, but which we do not recommend, is to put him in the rain. One man, after being in the rain, will develop bronchitis or inflammation of some mucous membrane; another, rheumatism or kidney trouble; and still another may be improved by the wetting.

M.

Lost.

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ONE of our Texas contemporaries has lost (or mislaid) his office dictionary. Any one finding it will please return to the SOUTHWESTERN MEDICAL RECORD. N. B.—Good as new; not much used.—Red-Back.

The editor of the Red-Back may not have lost his office dictionary, but judging from the "long felt want" of ideas in the editorial department, he has certainly "lost (or mislaid)" all the rest of his library. This journal seems to be more of an authority upon spelling than upon medical subjects—especially medical legislation. For this reason, we would kindly suggest that the name of this periodical be changed to "Blue-Back." Every one would know at a glance then, that it was a spelling book and not a medical journal.

N. B.—The Red-Back is making a specialty of orthography, and will hereafter devote all editorials to a consideration of this new branch of medical science.

S.

**A  
Senior Editor  
Withdraws.**

THE senior editor of our cotemporary. *that glories in a nickname*, while discussing the Texas State Association's Medical bill, says that "it is no funeral of ours." By this are we to infer that he has withdrawn from the Association? We hope not. If answered in the affirmative, however, we can only consider it as the erratic outcome of his "Threadneedle" opposition to the Association's two most important measures, viz: The medical and quarantine bills.

\* \* \*

**The  
Other Eleven.**

As the Doctor was alone in his fight against these measures, we are to concluded that other members of the Association, to whom he facetiously refers as "progressive," are the proverbial "eleven jurors" who "are a set of —fools." Of course the Doctor made no such assertion (he might offend subscribers), but it is a natural deduction from his editorials since May.

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**Note of a Prac-  
tice Tabooed by  
first-class Jour-  
nalists.**

We are partly prepared for the Doctor's position, since we see that his journal is still the "Official Organ of the Galveston County Medical Society" (a society that has been dead so long that echo fails to answer when). This "Official Organ" of the spirit-land has kindly tendered its services in hunting up typographic errors of ours. And we, if there were *any hope*, would return the kindness by prescribing Hill's Manual (a treatise on ethics for young and old).

R.

**The best  
Medical  
Journal.**

THE Editor of an esteemed Texas contemporary that poses as a critic on every thing medical—state medicine, state laws regulating the practice of medicine, state quaran-



tine laws, medical journals and the different schools of medicine—has recently covered the field with his scathing critical pen, and we are proud to say that no fault whatever was found with the SOUTHWESTERN MEDICAL RECORD, save a few grammatical and typographical errors. This, we believe, is what Emerson called a microscopic criticism. Such a criticism adds luster to the fame of the classical critic, and at the same time fixes the future destiny of the SOUTHWESTERN MEDICAL RECORD as THE medical journal of the Southwest. All doctors should now subscribe for the SOUTHWESTERN MEDICAL RECORD.

B.

**A Rare Chance  
to Secure a Sur-  
gical and Gynæ-  
cological Chair.**

A SEVENTY-FIVE dollar Yale chair (and there is none finer or better) will be given by the SOUTHWESTERN MEDICAL RECORD on certain conditions, as follows:

I. Physicians living in New Mexico, Oklahoma, Indian Territory, Arkansas, Louisiana and Texas can enter as competitors.

II. The chair will be awarded the writer of the best essay on some medical subject sent us between October 15th, 1896, and the same date, 1897. Beginning Dec. 15th, and continuing on the 15th of each successive month, the editors will select from the total number then on hand, the best paper, and publish the same in the next issue of the RECORD.

III. From the twelve published papers all paid-up subscribers will select one, chiefly for its subject matter, and vote for the same on a blank ballot, to be published in the December (1897) issue of the RECORD.

IV. Contributors will write on one side of the paper only, and not more than 3000 words (eight pages of the RECORD). They will send their names and addresses in separate sealed envelopes, carefully marked by the respective title of their

papers, to the SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

V. All votes must be in by the 26th of December, 1897, when Drs. D. F. Stuart and R. W. Knox, of Houston, will count them, and open the corresponding envelope of the subject receiving the highest number.

VI. No author's name will be attached to any of these papers, consequently all voting will be by title. The name of the successful competitor will be published in the January issue of the 'RECORD' (1898). EDITORS.

## OTHER JOURNALS.

### The Passing of the Reflex; An Address on the Reflex Origin of Nervous Diseases.\*

BY PROF. CHARLES L. DANA, A. M., M. D.,

Professor of Diseases of the Mind and Nervous System; Physician to Bellevue Hospital; Neurologist to the New York Infant Asylum and to the Montefiore Home for Chronic Invalids.

GENTLEMEN: You must be a trifle tired at night of hearing the stories of cases, and records of symptoms, and points of diagnosis. So I shall beg to take you away a little from the beaten track of your daily clinical studies, and engage your attention in rather more abstract themes. Not that the subject of reflex diseases is itself a theoretical one; but I want to discuss its history, its theory and its significance, rather than illustrate it with recitals of my experience.

And you will pardon me if in my discourse I drop into some unhackneyed phrases, or wander away from the narrow and austere course which is proper for a strictly scientific paper. Horace tells us that it is sometimes advantageous *desipere in loco*, and I perhaps shall not be to-night entirely conventional and self-contained in my discourse.

Hope and human sympathy are the exhilarating and helpful elements of life. They give charm to social intercourse,

\*Delivered before the Clinical Society of the New York Post-Graduate School, April, 1896.

and specifically they ornament and make more effective our art. But, let me add, they ever tend to injure and weaken our science. And the doctor is always in danger from their enticing spell. With their help he cheers his patients, succors his own despondency, and is stimulated to new and ingenious efforts; but they distort his judgment, befog his logic and continually swerve him from the path towards the eternal verities which he should forever tread. Hope of curing and sympathy for the unfortunate lead to a continual desire to explain something, to unravel mystery, to detect causes at any cost, and do something objective and tangible for disease. When they breed in the enthusiastic mind of persons with a highly technical training and bias, they lead to marvelous exploits in surgery and therapeutics, and to ingenious and fantastic theories of disease. I do not say all this in order to ask you to abandon these beautiful emotions, but only to indulge in them wisely.

The conception of the reflexes was not the result of any sympathetic sentiment or instinctive feeling. It was the legitimate outcome of careful scientific researches; but the application of the dogma to-day to practical medicine and surgery has become in a great measure the expression of a dangerous misconception and misapplied sentiment. The doctor finds himself confronted with a disease which is obstinate and painful. It resists the ordinary therapeutics and the natural remedial power of nature. He feels, however, that he must explain something and that he must do something. With the kindest feelings in the world, he invokes the reflex arc, and if the pain is in the back, attacks the uterus; if it is in the head, cuts the eye muscles; if it is in the lungs, burns out the nose; if in the mind, he treats the liver, and so in a hundred ways he assails the unknown by annihilating some particular and reachable viscus. I am not admitting that any baser feeling ever enters. Ambition, vanity, the desire to exploit oneself, *auri sacra fames*, the greed of gold, are everywhere, but I do not count it as a factor here.

I do not believe that medical men generally realize how entirely our pathology is bound up and interwoven with conceptions of the reflexes. Three thousand years ago Hippocrates suggested that hysteria was a disease which was de-

pendent upon disorder of the womb, and at the present day the physieian cannot rid himself of the idea that the hysterical woman must necessarily have some disorder of that organ; yet facts show that true hysteria occurs in men and in children of both sexes, and there is plenty of evidence to show that women with their pelvic cavities nearly emptied can still have a typical hysterical attack. Marshall Hall, who was the great high priest of the reflexes in the early part of this century, stated that the principal causes of eccentric epilepsy were only three: "The presence of indigestible food in the stomach, the presence of morbid matters in the intestine, and uterine irritation." The profession is still profoundly under the influence of such statements.

The theory of reflex action was distinctly recognized by Des Cartes, but it was first brought into medicine by Dr. Robert Whytt, over one hundred years ago. The physiology of reflex action, and the importance of it in the phenomena of the body, were most diligently worked out in the years succeeding Whytt, by Proehaska, in the last century, and by Mayo, Marshall Hall, Muller and Ludwig in this century. It is now almost half a century since the facts regarding the importance of the reflex loop were given to science. Since then, the application of these has been given to the practical art of medicine, with the ever-widening circles of the alluring but delusive therapeutics. When the history of medicine of this century comes to be written, the reflex loop will be found to be filled with the dangling remains of unsuccessful therapeutical and surgical endeavors, like the ropes on wash day in the rear of a New York tenement.

There was once a distinguished surgeon, Dr. Robert Battey, who conceived the theory that the normal ovaries were the starting point of a large array of chronic ailments, and he reported some fourteen cases of epilepsy, cured, by removing the normal organ. Not more than two decades ago, it was believed that paraplegia could be caused by reflex irritations from the intestines, the bladder, and other organs. Literature of the last thirty years has been filled with the histories of reflex neuroses from the ear, from the eye, from the teeth, the nose, the stomach, and every organ which could be reached by the instrument of the surgeon or the manipulation

of the physician. We read of reflex amblyopia, reflex deafness, or reflex epilepsy, paraplegia, chorea, tetanus, aphasia, neuralgia and headache.

There is already some reaction, but I have a feeling that there is yet much misconception of the matter.

It is my desire to-night to present to you what I conceive to be the true position the physician should take in regard to the importance of these reflex impulses, and you will see that, while I do not ignore their value, I want especially to impress upon you the importance of attacking in your therapeutics the centres of the disorders, rather than of nibbling away at its outer edge. If you are going to make a fruitful and luxuriant growth, you need much more to water and till about the roots than to prune and graft the branches. This is the purpose which I hope to make you feel underlies my discourse.

My first and perhaps my chief general proposition is this, that there are no reflex constitutional neuroses. By this I mean that those neuroses which are general in character, and which are classed by systematic writers as constitutional, are not dependent upon reflex irritants, and cannot be cured by attacking these. Such neuroses are, in particular, chorea, the functional spasms, such as convulsive tic, epilepsy, paralysis agitans; even hysteria of the true, the major type, as I have described it in my lectures here and in my text book, is never dependent upon a remote local irritation. Spinal irritation, in its typical form, and the neuralgias of a constitutional or degenerative type, such, in particular, as migraine, in early life, and the tic douloureux of middle life, may be added to the list.

Let me now take up some of these in turn, and give you more specifically the evidence in support of my statement.

Chorea.—There are few physicians who still maintain chorea is a reflex neurosis. A certain limited number, however, do assert that by proper treatment of the eye muscles, the chorea can be cured, and particularly, those forms of chorea which are more properly classed with the convulsive tics, or which are often known as “habit” and “chronic” choreas. So far as those muscles which are intimately associated with the movements of the eye may be reflexly kept irritated and in a state of mobile spasm by eye disease.



Epilepsy.—As for epilepsy, it will, I think, be a great relief to some, and a great shock to the traditions of others, to be assured that true epilepsy is always a central disease. It is not caused essentially by reflex irritation, and it is not cured by treatment of the eyes, or nose, or teeth, or stomach, or bowels. It is not cured by taking out the ovaries, or by removal of the uterus, or readjustment of the kidneys, nor even by phimosis, or by removal of the appendix. You will find in literature a good many cases in which epilepsy is alleged to have been caused by some scar or bite, by the presence of worms in the intestine, or by a blow upon some part of the body, and there are cases in which cures have been reported from cutting off the scar, removing the worms or the offending body or organ. It is very interesting and instructive, however, to note that these cases increase in number the further we go back in literature of medicine, and that with each succeeding year, their number in current literature diminishes. For my own part, in a list of epileptic cases which numbers over three hundred, I have never come across any such instance.\*

It will, I think, be found that nearly all cases of remarkable cures from removing some local trouble are either temporary, or that the central trouble is not true epilepsy, or has not fully established itself as such.

Let me be distinctly understood, however, upon this point. Given a person of epileptic or convulsive tendency, a neuropathic individual, then by some blow or injury or eccentric irritation, I grant that a convulsion may be produced. This convulsion may be repeated for a few times, and then, if the cause is removed, it may subside. But in this instance, the individual has not yet developed true epilepsy. He has simply suffered from some symptomatic convulsions. In the vast majority of cases, however, even if the cause is removed, the injury has been done, the disease has begun, and its cure is only effected, if at all, by a general treatment. In epileptic persons the nervous balance is very delicate.

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\*Dr. Emmet cited a case of epilepsy cured by excision of a cicatrix in the cervix uteri. Dr. Weir Mitchell tells me that he can recall three cases of epilepsy in the total range of his life experience apparently cured by removal of a local irritant. He tells me, however, that he thinks the views I here lay down are essentially correct.

The instability of the brain cells is such that a very slight cause will tip them over, so to speak, and a convulsive discharge will result. Now, when this exists, it is imperative that all reflex excitants be removed as much as possible, and if this is done, the number of attacks will be lessened, but they will not be stopped. We can, therefore, often moderate the severity of epilepsy by treating the eyes, the stomach, the pelvic organs, and by doing everything else which will lessen the eccentric irritation of the nervous centres. But to cure the case we must find something which will make the the brain cells more vigorous, and will stay the progressive tendency to degeneration that is the inherent element in the disease, for epilepsy is really a progressive degeneration of the brain cells. They are endowed with feeble vitality, they are over-irritable, they constantly break down and explode, and it is these invalid cells that must be nourished and looked after, not the eyes, or the nose, or teeth, or the stomach.

As to the reaction of epilepsy and eye-strain, it may be known to you that several years ago a Committee of the New York Neurological Society examined into this subject, their investigations extending over two years. They reported that they could find no evidence that treatment of muscular or refractive defects of the eyes caused either epilepsy or chorea.

Noyes, who views this subject with a liberal mind, says in his text-book, that, "in a few cases eye-strain may have been an exciting cause, but there has been behind it a deeper lesion of the nervous system."

Every year, says Gray, there is a case of epilepsy reported cured by the removal of a tooth. But, he adds, no one believes that the *fons et origo mali* is a peripheral irritation.

Lusk asserts that the performance of normal ovariectomy for epilepsy is to be regarded "as hardly better than malpractice."

Neurasthenia.—There have been periods in the history of this disorder when all neurasthenia was thought to be due either to eye-strain or uric acid; there was a time also when hypochondriasis was thought to be a matter of constipation and the liver. It is not worth while taking up your time now in refuting these views. For, while it is acknowledged that they may all be factors in breeding nervous symptoms, there

is something behind them that is more important, and that is a naturally defective or exhausted nerve center. I have seen neurasthenics vastly improved for months by tenotomy of the eye-muscles, and by washing out the stomach, and careful attention to diet; but when the condition is in anywise a fixed one, these measures alone are ineffective.

A great deal of help can be given some times to neurotic and neuralgic women by scraping the uterus, sewing up tears and replacing the dislocated organ. But often it is the rest in bed and relief from care, as much as the operation, which helps when help is really given. As for the results of more serious surgery, Playfair cites a number of cases in point, and asserts that the removal of the appendages "is not a legitimate procedure in case of purely functional neurosis."

Spinal Irritation.—Women with pain in the back are often relieved by treatment of the pelvic organs. There is a disease, however, known as spinal irritation, in which the whole back is painful and sensitive; the patients are nervous, neuralgic, have headaches, are easily exhausted, and show signs of hysteria and neurasthenia. Here the trouble is constitutional in part and local in part, but it is not a uterine, or ovarian, or gastric, or renal reflex. These patients are helped by sthenic measures, gymnastics, braces and counter-irritation. They need not have their kidneys pinned up or their appendix resected, the clitoris freed from adhesions, or the uterus and its ovarian allies removed.

Insanity.—It would be going too far for me to discuss the question of the reflex origin of insanities. No doubt reflex irritation is one factor in some puerperal and menstrual psychoses. But hereditary tendencies, autotoxæmia and other agencies are much more powerful. Personally, I do not meet insanities which are due to reflex irritation, nor do I find any case cured by local treatment, though my friend, Dr. Wylie, states that he has had such.

I admire immensely the surgical skill and daring of the present day. Its effects, on the whole, has been enormously beneficial. But I would remove from its aggressive enthusiasm the reflex arc. This arc is a physiological anatomical fact of such intrinsic beauty and vital importance; but we have made of it a rainbow of seductive and unwarrantable

promise, with an occasional pot of gold at one end. The new woman is especially imperiled. She used to have to watch the hymen; now she must look out for the appendix, the ad-nexæ and the mobility of her kidney with as much care as if they were her cardinal virtues.

As I admire the surgeon, the gynæcologist, neurologist, and the specialist, in general, so I would say a word for the reflex as well as against it. The reflex is an excellent thing, and not in the least to be ignored. It warns and wards us against danger, it is the safety of our automatic life, it regulates our secretions, it steadies our circulation and it is ever building itself up into combinations that protect and conserve the higher machinery of life. But in the evolution of man the part played by the reflex becomes relatively smaller and smaller. The *amœba* is all reflex; man is mostly made of automatic and conscious life. The activity of the lower animal is constantly and almost wholly guided by the changing stimuli that impinge upon his body, and arise in his viscera. But man's life and actions are most influenced by causes that are centric, by the stored up impressions in the brain. The higher in evolution, the less important the reflex in essentially modifying life. Compare the daily movements of a rational human being and that of his dog, and see if I am not right. If you take a frog and strike a smart blow on its epigastrium, you can cause the heart to stop. This is a reflex act, which does not occur except in a slight degree in higher vertebrates. Levisson exposed the kidneys in sheep and found that by severe compression of them he produced paraplegia; he brought about the same result by squeezing the uterus. Veterinarians report cases of paraplegia following injury of the testicle, and many physicians must be familiar with the posterior paraplegia that occurs in horses after severe wetting and exposure. These cases may be and probably are reflex and functional conditions. But they do not occur in man. He has risen a step higher and his inferior extremities are no longer easy slaves to his cutaneous and visual impressions. The mind-stuff is the important thing in man, the medulla-stuff in the animal. The new man and the new woman are evolving away above the reflex loop. It is the only hope of the angleworm that this be preserved, but

it is a reaction to lower types for man to be subject to it. Do not hope, therefore, to cure disease by removing the irritant from a sensory end organ. Remove it, of course, but do not believe that you are then done.

Gentlemen, I have, perhaps spoken too lightly of the importance of peripheral irritation, of a loaded stomach, an astigmatic eye, a displaced uterus. Pray do not misunderstand me; I wish only to make you feel that the man is greater than his parts; that to study his general condition is better than to squint into any particular viscus. I have seen migraine restored by glasses, vertigo cured by removing wax from the ear, intense spinal pains relieved by replacing the uterus. I have seen wretched neurasthenic women made over by gynæcological operations, and I render in full my sense of the obligation of medicine to its special workers. But I repeat again, that fixed diseases are never cured by treatment of reflex irritation. There are often reflex pains, reflex spasms, reflex mental disturbances; there are reflex symptoms, many and important, but there are no reflex diseases in any true and serious sense of the word. If I have succeeded in impressing this upon you, I believe you will be better physicians and more learned and clear-sighted men.

Gentlemen, hope and tenderness and sympathy, are beautiful things. They inspire and make glad our lives, and they stimulate us to try to cure our cases when we should know that we can't do it. Thackeray once said: "Fun is good, truth is better still, but love is best of all." For us as men, perhaps, but as practitioners of medicine, truth is best of all, and we should try to accept it and be guided by it.—Post Graduate.

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## SOCIETY NOTES.

GALVESTON, Aug. 22, 1896.

To Members of the Texas State Medical Association:

I have been requested by Dr. C. A. L. Reed, of Cincinnati, Ohio, upon authority of the International Executive Committee of the United States, to give notice that I will issue delegate's certificates to such members of our State As-



sociation as may apply to me for the same to the Second Pan-American Medical Congress, to be held in the City of Mexico, Nov. 16-19, M. C., 1896. With the understanding that I am authorized to do so, it will give me pleasure to furnish such certificates to all members in good standing who may wish to attend. Fraternally Yours,

H. A. WEST, Secretary.

2020 Market Street.

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The second semi-annual meeting of the Brazos Valley Medical Association, will convene at Bryan, Texas, Nov. 10-11, 1896.

H. W. CUMMINGS, Pres.,

Hearne, Texas.

E. BRITTIAN, Sec'y, Bremond, Texas.

Dear Doctor: It is our pleasure to extend to you a cordial invitation to the second semi-annual meeting of the Brazos Valley Medical Association, which convenes in Bryan the second Tuesday of November. The one object of our Association is the promotion and development of the healing art, the self respect and welfare of its votaries, and the relief and benefit of human ills. We earnestly solicit your aid and co-operation in placing this Association in a sphere where its influence will yield much toward the uplifting of the standard of true medicine in the state of Texas. Only in united effort can this end be reached, "Like clocks, one wheel another must drive, affairs by diligent labor only thrive."

Fraternally Yours.

W. H. CUMMINGS, Pres.

#### PROGRAM.—TUESDAY, Nov. 10th, 1896.

1. Paper, "Migraine," Dr. W. H. Oliver, Bryan. Discussion by W. W. McDonald, Easterly; W. W. Pugh, Hearne.

2. Paper, "Epithelioma," Dr. Daniel Parks, Calvert. Discussion, W. B. Briggs, Easterly; F. A. Collard, Wheelock.

3. Paper, "Brights Disease," Dr. J. M. Nicks, Stone City. Discussion, Geo. R. Tabor, Bryan; I. H. Brewton, Franklin.

4. Paper, "Post Partum Hemorrhage," Dr. T. G.

Curry, Bremond. Discussion, W. R. Vaughn, Nesbitt; F. M. Hall, Bryan.

5. Paper, "Infant Feeding, and some of its Results," Dr. G. M. Abney, Franklin. Discussion, G. H. Richardson, Hayes; W. A. Smith, Hearne.

6. Paper, "Appendicitis," Dr. F. B. Collard, Wheelock. Discussion, R. L. Carrol, Calvert; L. M. Bassett, Hearne.

#### WEDNESDAY, NOV. 11.

7. Paper, "Typho-Malarial Fever," Dr. T. P. Sessions, Rockdale. Discussion, E. Brittain, Bremond; A. Kobre, Rockdale.

8. Paper, "Bone Surgery," report of cases, Dr. W. W. Green, Cameron. Discussion, D. H. Bailey, Branchville; T. A. Pope, Cameron.

9. Paper, "Disorders Incident to Pregnancy," Dr. J. W. Hudson, Milano. Discussion, B. F. Watkins, Bryan; O. T. Lewis, Welborne.

10. Paper, Report of a case of Hereditary Syphilis, Dr. D. L. Peoples, Navasota. Discussion, J. A. T. Page, Wheelock; W. C. Taylor, Branchville.

11. Paper, "Pneumonia," Dr. R. W. Wallis, Rockdale. Discussion, C. T. Doremus, Hearne; W. F. Sharpe, Davilla.

12. Paper, "The Doctor, his Powers and Duty," Dr. T. A. Pope, Cameron. Discussion, W. H. Kirksey, Hearne; T. P. Sessions, Rockdale.

Voluntary Paper, and Report of cases.

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August 16, 1896.

To the Physicians of Texas:

At the last meeting of the State Medical Association, held in Fort Worth, a resolution was passed totally abrogating the initiation fees in joining that Association, five dollars for annual dues being the only expense now incurred. Presentation of diploma and compulsory attendance at the meetings are no longer required, the only prerequisite for membership is that the physician be in good standing with his local society, which local society must be in affiliation with the State Association.

Local medical societies must be regarded as branches of the parent stem. They should be united, as their objects are identical, and central action alone can enhance the value of the medical profession to humanity.

All local societies are earnestly solicited to become auxiliary to or affiliated with the State Association. Societies now in affiliation will please report to the secretary, Dr. H. A. West, Galveston, Texas, giving the names of officers and dates of meetings. This information should be sent at once, as it is important to publish it in the forthcoming Transactions, which appear in about five weeks.

All members of local societies are urged to become members of the State Association, and lend their aid in upbuilding the same and perpetuating the medical work it has undertaken.

In territory where no local societies exist, any member of the State Association who may reside in such county or territory is requested to give a complete list of the physicians in his county or territory to the nearest society, so that the appeal may be made to them through the society.

Blank applications for membership will be furnished by the secretary, Dr. H. A. West, Galveston, Texas.

W. R. BLALOCK, McGregor, Chairman.

E. A. WOLDERT, Tyler.

L. L. SHROPSHIRE, San Antonio.

JOE D. BECTON, McKinney.

S. E. HUDSON, Austin.

Committee on Medical Societies.

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#### TRANSPORTATION ARRANGEMENTS FOR THE MEXICAN MEETING OF THE PAN-AMERICAN MEDICAL CONGRESS.

Dr. H. L. E. Johnson, 1400 L street, N. W. Washington, D. C., has been elected Chairman of the Special committee on Transportation. All communications relative to rates, reservation in the special trains, etc., should be addressed to him.

A rate of one fare for the round trip has been secured between St. Louis, N. Orleans, and other trans-Mississippi points and the City of Mexico. It is confidently expected that this

rate will be extended over the entire territory of the United States. Arrangements are in progress for a splendidly equipped special train of sleeping and observation cars, with first class dining car service. Dr. Johnson will presently be in position to announce a rate, which will include railroad fare, sleeping and dining car service both ways and in the City of Mexico, and covering the expense of various side trips to the most important historic points in the Republic.

CHARLES A. L. REED,  
Sec'y Executive Committee.

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ANNUAL REPORT OF THE CHICAGO PASTEUR INSTITUTE FOR THE  
PREVENTIVE TREATMENT OF HYDROPHOBIA.

CHICAGO, Sept. 1st, 1896.

Editors Southwestern Medical Record.

DEAR SIRs:—A total of 532 patients have been treated to date at the Chicago Pasteur Institute, since its inauguration July 2, 1890.

The patients treated have been divided into three classes: First. Those bitten by animals recognized and ascertained to be rabid by the control experiment made in the laboratory, or by the deaths of other persons or animals bitten by the same animal. Of these 183 were treated. Second. Those bitten by animals recognized to be rabid by the symptoms of rabies shown during life, of these 237 were treated. Third. Those bitten by animals strongly suspected to be rabid, of these 112 were treated. Grand total, 532.

When we consider the high percentage of deaths occurring previously to the discovery of the Pasteur treatment, which was 88 per cent. for the bites of the head and face, 67 per cent. for the bites of the hands, and 20 to 30 per cent. for the bites of the limbs and trunk, we have reason to congratulate for the excellent results attained at this Institute, as only 2 deaths have been reported, giving a mortality of 0.37 per cent., thus proving without question the efficacy as well as the harmlessness of the Pasteur anti-hydrophobic treatment.

483 persons were bitten by dogs, 24 by cats, 13 by horses, 5 by skunks, 2 by wolves, 1 by a mule, 1 by a pig, 2 by hydrophobic human beings.

254 persons received severe and multiple bites on the hands and wrists, 62 on the head and face, 70 on the arms, 119 on the legs and thighs, and 27 on the trunk.

The patients came from the following States: 294 from Illinois, 41 from Iowa, 41 from Ohio, 36 from Indiana, 38 from Kansas, 11 from Arizona, 12 from Minnesota, 8 from Missouri, 6 from Kentucky, 5 from Tennessee, 5 from Louisiana, 4 from Michigan, 6 from Nebraska, 5 from Texas, 3 from Wisconsin, 3 from Indian Territory, 2 from South Dakota, 1 from North Dakota, 1 from New Mexico, 1 from Arkansas, 1 from Pennsylvania, and 1 from Oklahoma Territory.

410 other persons applied for the Pasteur treatment, but were sent back, as it was recognized that the animals which inflicted the bites were not rabid.

With the best regards of the Pasteur Institute,

Yours very truly,

A. LAGORIO, Director.

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The sixth annual meeting of the American Electro-Therapeutic Association will be held in Allston Hall (the Studio Building), Clarendon street, near St. James avenue, Boston, Mass., Tuesday, Wednesday and Thursday, Sept. 29th, 30th and Oct. 1st, 1896.

Members of the profession are cordially invited to attend.

DR. EMIL HEUEL, Sec'y,

No. 352 Willis Avenue, New York.

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#### REPORT OF COUNTY PHYSICIAN.

Dr. H. Noark, county physician for Harris county, and one of the most painstaking and faithful physicians that Harris county has ever had to look after the sick poor, hands the RECORD the following report for the fiscal year ending Aug. 31, 1896, which makes a very good showing:

Total expense at fifty cents per capita per day during Dr. N. P. Dolan's term for the fiscal year ending Aug. 31st, 1895, allowed by the county commissioners to St. Joseph's Infirmary, was \$6,600.10.

Total expense at sixty cents per capita per day during



Dr. H. Noark's term for the fiscal year ending Aug. 31st, 1896, allowed by the county commissioners to St. Joseph's Infirmary was \$7,447.50.

While there has been a less number of patients treated during the year ending Aug. 31st, 1896, than during the previous year, the cost to the county has been more, owing to an increase of ten cents per day per capita allowed by the Hon. Board of county commissioners, but for this increase there would have been a saving to the county of \$393.85.

	No Cases	No Deaths.		No. Cases.	No. Deaths.
Abortion, - -	3	—	Rheumatism, -	33	1
Accouchment, -	12	—	Starvation, - -	5	1
Alcoholism, - -	20	1	Syphilis, - -	11	1
Asthma, - -	6	—	Septicaemia, - -	5	3
Bronchitis, - -	10	1	Surgical Cases, -	119	5
Blindness, - -	2	—	Tuberculosis, -	21	11
Cancer, - -	6	2			
Dysentery, - -	12	3		562	62
Epilepsy, - -	8	—	Total number remaining in		
Hepatitis, - -	30	3	Infirmary, - -	-	29
Heart Disease, -	15	3	Discharged, cured or im-		
Insanity, - -	4	—	proved, including those		
Malarial Fever, -	172	13	who left of their own ac-		
Measles, - -	4	—	cord, - -	-	471
Nephritis, - -	17	5	Number of deaths, - -	-	62
Old Age, - -	27	3			
Paralysis, - -	10	5	Total, - -	-	562
Pneumonia, - -	10	1			

I acknowledge and wish to thank the following physicians for valuable services rendered to myself and Harris county, in the discharge of my duties as county physician: Drs. N. W. Shaw, J. M. Blair, R. T. Morris, J. A. Mullen, J. O. Williams and D. S. Wier.

H. NOARK, M. D., County Physician.

## NEWS AND MISCELLANY.

“It is no funeral of ours.”—Red Back. Who has been doing the mourning?

In supposed opium poisoning, be sure to eliminate hemorrhage in the pons varolii.

Who can complain at every cross-road having a medical school, when Chicago has seventeen?

Dr. R. T. Morris, of Houston, was called professionally to the bedside of Senator McComb the 18th instant.

The American Academy of Railway Surgeons held its third annual meeting in Chicago, Sept. 20 to 25.

The United States tornado record for May is about 700 deaths and 900 persons seriously injured, as shown by the insurance companies.

It may be of some interest to the medical disciples of Isaak Walton to know that he considered the otter "liver is good for the falling-sickness."

The following is credited to a coroner's jury, in the state of Maine; "Deceased came to his death by a stroke of apoplexy, in the minds of the jury."

Members of the U. S. Army Hospital Corps are no longer allowed full dress uniforms. They will ultimately rank on a par with the Red Cross Society.

Don't forget to write a paper and put in competition for the \$75 Yale surgical chair. Notice the plan found in this number of the RECORD, and send in your paper.

Dr. A. Beclire is credited with using hypodermically one pint and a half of immunizing serum at a single treatment for small-pox. This is serum therapy with a vengeance.

We are not fighting "quacks." They do not belong in our class, but are left to the "Billie's, Johnnie's" and other nicknamed medical journals to deal with. Our attention is devoted to medical progress.

Softly, Doctor, softly! Spook's 'r' in the air. The New York Medical Times recommends onions for hydrophobia; while the "old grannies" of Ethiopian descent recommend the fumes of burnt feathers for dystocia.

Dr. James Roane (Inter-State Medical News) reports a case of spontaneous recovery in a healthy German, twenty-one years of age, who was suffering with a vesico-vaginal

fistula. The fistula developed on the sixth day after delivery and terminated on the twenty-third.

Dr. W. B. West, professor of diseases of children in the Ft. Worth University, gave us a pleasant call on the 23d. It is whispered that he will soon join the Benedicts, and that the lodestone drawing him this way lives in Galveston. Good wishes, doctor.

There is a movement on foot among Houston and Galveston physicians to organize a joint district association, to meet semi-annually, alternating the cities of Galveston and Houston as a meeting place. Every physician in both districts should give this movement his hearty support.

The mad rush for something novel in therapeutics has demonstrated afresh that "there is nothing new under the sun." A German physician, whose sanitarium is near Trieste, prescribes for his patients the style of dress effected by Adam before the fall. This "latter-day" Eden is, for obvious reasons, modified by a division wall.

The profession of Texas, generally, are solicited to loan or donate specimens, curios, relics, etc., for the museum of the Medical Department of Fort Worth University. The curator of the museum will receive all such articles, and due credit will be given for each contribution.

#### MEDICAL DEPARTMENT FT. WORTH UNIVERSITY.

The Southwestern Medical and Surgical Reporter dons a new dress and shuffles its editorial management. Drs. Capps, Boyd and Robinson, will drive the "quill," with Dr. J. T. Bell as looker-on. Dr. F. A. Kirksey leaves his seat on the "tripod," but we hope not permanently. Success, Brother Capps; we doff our hat and extend the hand of welcome to your new associates.

The attendance at the 22nd annual meeting of the Mississippi Valley Medical Association, held at St. Paul, Minnesota, on Sept. 15th to 18th, was not large. The election of officers resulted as follows: President, Dr. T. H. Stuckey, Louisville, Ky.; First Vice President, Dr. C. A. Wheaton, St. Paul, Minn.; Second Vice President, Dr. Paul Paquin, St. Louis, Mo.; and H. W. Loeb, St. Louis,

Mo., Sec'y. The next meeting will be held at Louisville, Ky., in October, 1897.

The Medical College at Des Moines, Iowa, recently received a donation of \$20,000.

Will the druggist quit prescribing and substituting? is the query among physicians of to-day.

Dr. J. W. Scott, one of the editors of the RECORD, is the proud father of a young daughter, born on Aug. 31st.

The London Times is publishing able articles in opposition to the metric system of weights and measures.

Dr. J. Brummel Jones has been elected to the chair of applied therapeutics in the Kansas City Medical College.

Dr. Paul F. Vasterling, of St. Louis, will edit the department of Railway Surgery in the Medical Fortnightly.

The Medical Faculty of the University of Jena, has conferred the title of M.D., *honoris causa*, on Prince Bismarck.

The health of Houston was never better at a corresponding period than during the months of July and August, 1896.

Dr. J. F. Winn has resigned his position as lecturer on obstetrics in the University College of Medicine, Richmond, Va.

Dr. H. C. Crowell has been elected to the professorship of Clinical Gynecology in the University Medical College, Kansas City, Mo.

Members of the American Medical Association have taken a vote on a permanent home for the Journal. The result will be announced shortly.

Dr. V. C. Lunn, of LaGrange, Texas, one of the rising young physicians of the state, recently visited his father, Dr. W. W. Lunn, of Houston, and called on the RECORD.

The late Mr. W. T. Richards, a retired merchant of New Orleans, La., bequeaths by will \$8,000 to the Eye, Ear, Nose and Throat Hospital, \$10,000 to the Tours Infirmary, and \$30,000 to the Charity Hospital.

Dr. Robert McElroy is doing all that an official can do,

under the circumstantial disadvantage with which Houston is now laboring, to look after the hygienic condition of the city. He should have the help of good eitizens.

We wish to eall the attention of our readers to the thoughts of Prof. C. L. Dana (in this number of the RECORD) on 'Reflex.' Prof. Dana is a great student and stands among the few at the head of the profession as a neurologist.

The SOUTHWESTERN MEDICAL RECORD would be very glad to hear from any of its readers, pro or eon, who may have had experience with hydrophobia and who may wish to comment on the article that appeared in our last number concerning hydrophobia.

Many of the medical journals have published notice to effect that Drs. W. H. Wathen and M. F. Cooms are out of the Kentucky School of Medicine. The RECORD is reliably informed that these gentlemen retain their professorships in the Kentucky School of Medicine.

Dr. C. M. Trueheart, Galveston, Texas, declines the appointment as Medical Examiner for that judicial district, on account of the inefficiency of the present law. We congratulate the Doctor on this wise step and hope that his action, followed in other distriets, will force a betterment of existing statutes.

The ehemical laboratory at the University of Illinois was destroyed by fire on Aug. 17th. It is supposed to have been struek by lightning. The building contained five laboratories and was one of the largest and best in this country. It was ereeted at a eost of \$40,000 and with fittings, apparatus, etc., its value was estimated at \$80,000.

Dr. J. Allen Kyle, of Vietoria, Texas, has located in Houston to practice medicine and surgery. The Doctor's alma mater is the College of Physicians and Surgeons, New York City. After graduating therefrom in 1894, he served two years as surgeon in St. Vineent's Hospital. The RECORD extends to the Doctor the hand of fellowship.

The 'Houston Medical Publishing Company' is the only capitalized stoek eompany in the Southwest, organized by charter, to publish a medeal journal and is the best



equipped, financially and editorially, of any journal in the Southwest. You will make no mistake in subscribing for the *SOUTHWESTERN MEDICAL RECORD* at one dollar a year; and if you think so after reading it one year, please notify us and we will return the subscription.

A most interesting account of the advance in medical education in this State, will be found in a very simple table giving the number of States having Boards of Medical Examiners for the license to practice medicine. The number that have thoroughly independent Boards is not large, about eleven, but it comprehends the States of New York and Pennsylvania. In these States are the most important centres of medical education in the country.—Post Graduate. Have you forgotten Illinois with her twenty medical schools? New York may add Brooklyn to keep ahead of Chicago in population, but it does not give her the lead as a medical center. Illinois, too, leads New York or Pennsylvania in having a State Board of Medical Examiners.

Simpler spelling seems to be a hobby with some of our cotemporaries. They appear to have a particular antipathy to diphthongs; e. g., ane(æ)sthetic, e(æ)dema, etc. Now there are many cogent reasons why these changes should not be made; for in some sections it may be anæsthetic, and so sounded; while in others it is anesthetic, and nothing else. By retaining the old forms, provincialisms will not determine the spelling and we will know the world over what is meant. North of Mason and Dixon line, it is heure (here); south of Mason and Dixon line it is hanel (handle); and so it goes, each section having its peculiar intonation. For these and other reasons we beg that phonetic spelling wait for succeeding generations, generations that will perhaps feel less of the æsthetic than ours and consequently less attached to words in their derivative forms.

*Prolapsus Ani.*—Dr. Platt resorted to the following procedure in the case of a child operated on in vain by other methods: At the junction of the skin and mucous membrane, just beneath the latter, a curved needle is inserted in the median line below, and a silk thread is carried half way around the anus and out again, in the median line above, reinserted

in the same opening and brought out again at the first puncture, making a purse-string suture. The little finger is then put in the anus and the string tied snugly around it. Apparently this would cause suppuration, and possibly a fistula. It does nothing of the kind, nor does it cause any pain afterward. The child has his stools in the recumbent position. If the fæces are at all hard, injections are given to soften them. After three weeks the suture is withdrawn, when it heals immediately with no return of the prolapsus. By this method the bowel is kept in place long enough to contract adhesions.—Johns Hopkins Hospital Bulletin, July.

We are in receipt of R. L. Polk & Co.'s Medical and Surgical Register of the United States, Fourth Edition. It is quite an increase over former editions and contains, as its name implies, much information useful for physicians. We are surprised, however, to find that it contains many omissions, that come within our knowledge. Take Houston, Texas, for instance, and you will find the names of many well known physicians left out, some who have been practicing here for over twenty years, viz: Drs. W. A. Archer, E. Archer, M. Archer, Geo. W. Larendon, R. T. Scott, W. B. Olive, W. Olive, H. A. Wood, E. G. Sales, J. B. Massie, E. N. Gray, B. Wallace, J. M. Boyles, E. B. Jackson, J. J. Burton, P. H. Cronin. and no telling how many more. We also see that Dr. A. C. Scott, Chief Surgeon of the Santa Fe, at Temple, is omitted. Really, we think R. L. Polk & Co. owe Houston an apology for such wholesale omissions as this.

The Assistant Secretary of the Smithsonian Institution died on Sept. 7. Dr. George Brown Goode, Assistant Secretary of the Smithsonian institution and probably the leading authority on fish and fisheries in the United States, is dead of bronchial pneumonia, aged 45 years. He was a native of Indiana. Dr. Goode's published papers include about 100 titles on topics in ichthyology, museum adminstrage and fish economy. From 1874 till 1887 he held the office of chief of the division of fisheries in the Smithsonian, and on the organization of the national museum, became its assistant director.

The American Medical Association, by a vote of 2128 of a total vote cast of 3061, has decided to make Chicago its headquarters permanently.

Dr. Charles A. L. Reed has been elected Gynecologist and Abdominal Surgeon on the staff of the Cincinnati Hospital, vice Dr. T. A. Reamy, resigned.

Dr. Charles K. Cole, of Helena, Mont., Chief Surgeon of Montana Central, was elected to active fellowship in the American Surgical Association at the annual meeting recently held in Detroit, Mich.

We regret to learn of the death of Mr. James Christie, the affable, whole-souled representative of Fairchild Bros. & Foster, which occurred at Duluth, Minn., September 16.

An Important Discovery.—They pressed forward and closely examined the Roentgen photograph. “His liver,” they said, “is the image of his father’s, but he gets his lungs from his mother’s folks.”—Detroit Tribune.

Let your most trusted assistant administer the anæsthetic. Any intelligent person is able, with a little direction to assist at the wound, but it requires skill and experience to anæsthetize thoroughly and safely.—Internat. Journal Surgery.

A German statistician has calculated that of every 1000 persons, 100 reached the age of 75, 38 the age of 85, and only 2 reached 95. In the seventeenth century the average duration of life was only 13 years, in the eighteenth 20, in this century 36.

The trustees of the Boston City Hospital have received a gift of \$1000 from Mr. Townsend W. Thorndike, from the interest of which a prize of \$20 shall be given semi-annually to the surgical house officer who administers ether in the most skillful and humane manner.

The Council of University College, London, have instituted a new professorship of Pathological Chemistry, and have appointed to the professorship Dr. Vaughan Harley, who has been working in the college for the last three years as assistant to Professor Henry.—Medical Bulletin.

Jefferson Medical College.—The Board of Trustees have purchased all the property on Tenth street, extending from Sansom street to Walnut street, and at the corner of Tenth and Walnut street will erect immediately a new hospital, which will be pre-eminently suited in all respects for modern clinical work. In the near future they will erect a new college building.

The last report on chloroform as an anæsthetic by the Lancet's board of investigation seems likely to lead to rapid introduction of a combination of nitrous oxid with ether. British surgeons have objected to ether, principally on account of its slowness of operation and the distress it causes many patients; but these difficulties have been overcome by preliminary use of the nitrous oxid.

The discontinuation of the publication, *Climate and Health*, is announced to take effect with the end of the present fiscal year, June 30, 1896. It has been deemed necessary to take this action in view of a doubt having arisen as to whether the publication of *Climate and Health* was authorized by the act making appropriations to the Department of Agriculture for the fiscal year ending June 30, 1897.

The experiments of Masse, of Turin, and Michael Foster, the physiologist, have shown that the sense of fatigue is due to poisoning of the cerebrum by the products of retrograde metamorphosis. ‘‘The blood of a tired animal is poisoned, and when injected into another animal causes the phenomena of fatigue.’’ The toxicity of the blood may become so great as to prove fatal, as was shown by Foster in rabbits that had been hunted to death.—Dr. Bartour, in *American Practitioner and News*.

It is a favorite axiom of the optimist that everything has its uses. But it has remained for New Mexico Territorial Board of Health to find a use for patent medicine almanacs. In a recently issued circular on the prevention of consumption, among other things it advised that ‘‘every person so affected should spit into some receptacle and should see that the sputum is soon destroyed by fire. About the house there is no better way than to spit between the leaves of a patent

medicine almanac—to be had freely at all drug stores—and after a half dozen or more spittings burn the book.”—The Journal of the American Medical Association.

I paid a visit to-day to a friend who is convalescent in a private ward of a big hospital. As I sat at his bedside I was regaled by the strains of a quartette composed of the resident doctors. I expressed my delight at this musical treat and commented on their evident knowledge of music. “Well, they may have a knowledge of music, but a very little of the art of tact,” was the reply received from the convalescent. “You know the family burying ground is at Buffalo. Well the night before my operation they sang ‘Put Me Off at Buffalo,’ in forty different keys, and the Sunday afternoon they carried me to the operating table, what do you think that infernal quartette was practicing? ‘Nearer My God to Thee.’” The average metropolitan hospital is comfortable, but suggestive.—Houston Post.

How the Gulf is Filling Up.—In the years to come the geographies will make no mention of the Gulf of Mexico, but will picture it an immense tract of lowland in its stead, the map being probably provided with foot-note something like this: “Note.—There is a tradition that this level tract of swamp land was once a billowy sea several hundred miles long, embracing all that country between Mexico and Cuba on the west and east Yucatan and Louisiana on the south and north.” This state of affairs is being gradually but surely brought about by the Mississippi and other United States rivers, which annually deposit millions of tons of sediment in the Gulf’s bottom. Expert hydrographers declare that the Mississippi alone annually deposits mud sufficient in the Gulf to cover one square mile of its bottom to a thickness of two hundred and forty feet.—St. Louis Republic.

Josiah Dwight Whitney, professor of geology at Harvard University, died in New London, N. H., on August 19th, at the age of 77 years. He was graduated from Yale in 1839, and the following year he made a survey of New Hampshire. A geological exploration of the Lake Superior region, made by him in 1843, was followed by the survey of the mining regions of all the States east of the Mississippi. He was ap-



pointed State chemist and professor in the Iowa State University in 1855. Five years later he was made State geologist of California. In 1860 he became professor of geology at Harvard, a post he occupied until his death. Many years ago he made a proposition to the university to give his geological library to the Museum of Natural History if a salary of \$5,000 a year should be guaranteed to him as long as he should live. The proposition was accepted. Prof. Whitney never became incapacitated. Yale gave him a degree of LL.D. in 1870. He was a member of many foreign as well as American scientific societies.—Exchange.

A tablet in memory of the late Alfred Lebbeus Loomis is to be erected in Bellevue Hospital. The tablet is six feet high and about four feet wide. It is made of brass and is mounted upon oak. The inscription recites the esteem in which the honored physician is held. The tablet is adorned with a border of oak leaves, the emblem of strength, typifying the character of the celebrated physician. The tablet will be erected in the main corridor of the hospital opposite to the memorial erected to Dr. Austin Flint.—Medical Bulletin.

Aseptolin.—Dr. Edson, finding that the boom extended him by the New York City daily press fell flat, and after various and promiscuous efforts to re-animate the talking qualities of the lay press in his behalf, has changed the cover of his circular, which was showered like patent medicine almanacs throughout the land, and revised a few of the reports, attached the price of 25 cents to the same, and has sent them with elaborate profusion to both the medical and lay publications, stating that a review would be agreeable, and that a copy of the said review would be appreciated at headquarters—the headquarters of the most barbarous, preconceived money-making scheme of the decade. So long as the money comes, Edson has shown a willingness to barter in human health.—New York State Medical Reporter.

A Case of Colles' Law.—Dr. H. Feulard recently presented to the French Dermatological Society a most interesting observation on the above law. A woman, a professional nurse, with her child, unmistakably attacked by syphilis, not

acquired, but hereditary, presented herself at the Children's Hospital for treatment. The mother showed no trace of syphilis and a minute examination seemed to demonstrate that she had never had the disease. Professor Fournier examined the child several hours after Dr. Feulard saw it, and confirmed the diagnosis. Here we have a most beautiful example of Colles' law—a mother giving birth to a heredito-syphilitic child, and nursing it, without contracting a mammary chancre! Dr. Feulard observes: We cannot with certainty give certificates of health to a wet-nurse unless mother and child have been under observation for three months after labor; and that we cannot, for fear of subsequent accident, permit such a nurse to enter a healthy family, although it is true the syphilis in the mother may remain latent, and the milk may be incapable of transmitting the disease.—American Medical-Surgical Bulletin.

Of Interest to the Expert.—In the case of *State vs. Wright* it was recently decided by the Missouri Supreme Court that the burden is on the defendant, who interposes a plea of insanity, to sustain that defense to the reasonable satisfaction of the jury. It implies a plea of confession and avoidance. It confesses the homicide, but denies the crime of it. It is also held that a medical expert was very properly permitted to give his opinion respecting the sanity or insanity of the defendant, having for a basis the hypothetical case, together with what he had learned from an examination of the defendant.—Medical Herald.

Not Liable for Removal of Injured Employee.—One of the grounds on which recovery of damages was sought to be had in the case of *York vs. Chicago, Milwaukee and St. Paul Railway Company*, which was before the supreme court of Iowa, May 22, 1896, was because the company's surgeon, who was employed and paid by it to treat its injured employees, as an act of charity or humanity, wrongfully and negligently moved an injured employee from another doctor's office to a hotel, which act, it was alleged, contributed to produce his death. It was not contended that this surgeon was not a skillful one, or that the company did not exercise due care in employing him. Under these circumstances, the su-

preme court of Iowa holds the company not liable. It says that it understands the rule to be well settled by a large number of cases that under such circumstances, the defendant is not liable for acts of negligence of the physician who is employed to treat gratuitously its injured employees.—Journal American Medical Association.

Editor Wanted.—An editor who can read, write and argue politics, and the same time be religious, funny, scientific and historical at will, write to please everybody, know all that is going on without seeing or being told, also having something good to say about everybody else, live on wind and make more money than enemies. For such a man a good opening will be made—in the graveyard.—Catholic Sun.

Climate and Menstruation.—The influence of climate on menstruation has been carefully studied by Joubert, and in an article in the Indian Medical Gazette he says that from a careful study based upon over 3000 patients between the ages of 10 and 16 years he has arrived at the conclusion that the reason why girls in tropical countries menstruate at a relatively earlier age than Europeans is not because of the influence of the climate, but because of too much sexual excitement.—Daily Lancet.

The death of Professor John Eric Erichsen, the well-known London surgeon, is announced as having taken place on Wednesday, the 23d instant. He was seventy-eight years old.

The Bertillon System.—This system of anthropological measurements has been adopted at Sing Sing Prison.

Sir William MacCormac—This well known surgeon has been elected President of the Royal College of England.

God and the doctor we alike adore,  
But only when in trouble, not before.  
The trouble o'er, both are alike required;  
God is forgotten, and the doctor slighted.—Exchange.

We kindly ask every physician who receives this copy of the RECORD to fill out the blank provided in this number for information regarding infectious diseases, and mail to the SOUTHWESTERN MEDICAL RECORD. Thanking you in advance for information, we are yours respectfully. EDITORS.

# FORMULAE.

## BURNS OF THE SECOND DEGREE.

R Carbonate of lime.....10 gm.  
 Oxide of zinc..... 5 gm.  
 Starch.  
 Linseed oil.  
 Lime water..... aa 10 gm.  
 Ichthyol..... 1-3 gm  
 M. —Leistkow.

## TREATMENT OF PERNICIOUS MALARIAL FEVER.

Dr. Klein, a physician practicing in Syria, says the *Therapeutische Wochenschrift* for July 12, recommends the following solution for subcutaneous use:

R Sulphuric ether .....12.00 grams  
 Quinine hydrobromide, 2.00 "  
 Alcohol, enough to make 30.00 "

M. A Pravaz's syringe will hold enough of this solution to contain a grain and a half of the quinine salt, and as much as ten syringefuls may be injected in the course of twenty-four hours. At the same time the following is prescribed for internal use:

R Camphor .....1.00 grams  
 Syrup of ether ..... 40.00 "  
 Cognac..... 60.00 "  
 Syrup of orange peel.30.00 "  
 Distilled water .....70.00 "

M. Dose, a teaspoonful.

After the paroxysm has subsided this mixture may be given:

R Quinine hydrochlor.44.00 grams  
 Ext. of cinchona..... 2.00 "  
 Cognac ..... 80.00 "  
 Syrup ..... 60.00 "  
 Distilled water ..... 100.00 "

M. A few tablespoonfuls to be taken daily.

Dr. John Westervelt, Jr., of Alice, Texas, gives the following as a cure for an approaching carbuncle or furuncle:

R Enthymol(P.D.&Co) 8.00 grams  
 Chloral hydratis ..... 2.00 "

M. S. Paint affected part with C. L. pencil. Two or three applications will suffice. W.

## DEPILATORIES.

As we have had several requests for information concerning depilatories, we presume that a brief remark on this subject will prove of interest to many of our readers.

The chemicals used most for removing superfluous hair, are arsenic tri-sulphide, barium sulphide, calcium sulphide, quicklime, potassium sulphide and sodium sulphide. We append a few approved formulas:

R Sodium sulphide, cryst...3 parts  
 Powdered quicklime.....10 "  
 Powdered starch ..... 10 "

To be mixed with water to form a paste, applied to the skin, and scraped off every two or three minutes.

Said to be very effective and safe:

R Quicklime.....1 part  
 Sodium carbonate..... 2 "  
 Lard ..... 8 "

R Sodium sulphhydrate.....1 part  
 Chalk (washed)..... .3 "  
 Water enough to make a paste.

Remove after two or three minutes.

R Calcium sulphide (fresh).  
 Quicklime..... equal parts

R Iodine .....80 grams  
 Turpentine oil .....1.25 "  
 Castor oil..... 2.00 "  
 Alcohol ..... 5.00 "  
 Collodion..... 30.00 "

To be applied with a brush once daily for two or three consecutive days.—*American Medical and Surgical Bulletin.*

## PUBLISHER'S NOTES.

Read the ad. of the Castalian Spring Water Co., and give the water a trial.

Radford & Hutchinson, wholesale and retail grocers of this city, have the model grocery house of the South.

‘‘Hockerbrau’’ is an elegant preparation for convalescents and is also very useful in amylaceous dyspepsia.

Those needing artificial limbs should call on or address D. W. Bartlett, 211 1-2 Travis street, this city. See his ad.

To those desiring medical text books we most heartily recommend Armand Hawkins, 1034 Canal street, New Orleans. Send for his prices and discounts.

Malt-Nutrine can now be had at any drug store in the city. It is invaluable for convalescents, nursing mothers and persons suffering with wasting diseases.

We call attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.

Trikresoliodin.—Registered—Prepared under the formula and supervision of Dr. F. Mortimer Reeves. The peculiar pathological conditions existing in Rhinitis, Atrophic and Hypertrophic, and post-nasal Catarrh, require something more than the palliative measures resorted to, as a rule, to controvert them successfully. Reaction is positively necessary, and can only be secured by an agent producing a safe, non-erosive, osmotic effect, guarded by sedatives and antiseptics non-irritant themselves. This preparation possesses all these requisites. Literature sent on application. Prepared strictly for physicians' use. Meyer Bros. Drug Co., Sole agents, United States and Canada, St. Louis and New York.



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## ORIGINAL COMMUNICATIONS.

### **Surgery of the Gasserian Ganglion, with Demonstration.\***

BY J. B. MURPHY, M. D., CHICAGO, ILL., Professor of Surgery College Physicians and Surgeons, Chicago; Professor Surgery Post Graduate Medical School and Hospital, Chicago, Ill.

In speaking of the surgery of the Gasserian ganglion, I will confine my remarks largely to the technique of the more recent operation, after reviewing some of the results of operation which have preceded or led to the operation which is adopted at the present time. The Gasserian ganglion, situated as it is on the petrous portion of the temporal bone, is in a very inaccessible position. It is desirable in some cases to remove this ganglion for the purpose of curing intractable neuralgias of the facial nerve, or what is commonly known as migraine. As you know, all methods of treatment by internal medication with all the varieties of anodynes, and more recently the medical treatment now in vogue, large doses of castor oil, have failed. If a case had been relieved by the anodyne treatment, it was only temporary, and was followed by another attack of increased intensity. The operations for its relief may be classified as follows: 1. Division of the branches of

the trifacial in the face or mouth. 2. Division of the nerves at the base of the cranium. (Kroenlein). 3. Extraction of the ganglion from the base. (Rose). 4. Intra-dural excision of the ganglion. (Horsley). 5. Extra-dural excision of the ganglion. (Hartley-Krause). The operation most effectual and least dangerous before the present one (Kroenlein's) consisted of division of the zygomatic process, turning it down with the most important muscle, dividing the coronoid process of the inferior maxillary, dividing the temporal muscle and reflecting it upon the cranium, finally dividing the nerve at the base of the cranium; that is, dividing the third branch of the nerve at the foramen ovale, and the second branch at the foramen rotundum. The operation was almost as extensive, and, if not as dangerous, was more difficult than the operation for the removal of the ganglion itself. The result of these operations was only temporary relief in a very large proportion of the cases; for that reason it was deemed advisable to attack the nerve within the cranium. Dr. Rose, of London, in 1890, was the first to open the cranium from the base. He followed the same procedure as Kroenlein, making a division of the parts mentioned, passing into the base of the cranium at the foramen ovale and chiseling out an opening sufficiently large to permit of the extraction of the ganglion through the opening. The opening was necessarily small, consequently the operator had very imperfect light, and it was very uncertain whether the ganglion was extracted in toto in any of these operations. The Rose method was performed, I think, for the first time in America by Dr. Edmund Andrews, of Chicago. He has performed the operation three times. On account of the difficulty and dangers of this operation, coupled with the uncertainty of incomplete extraction of the ganglion, it was necessary to abandon the procedure. The next method was devised by Victor Horsley, of London (1891), who reasoned that as the ganglion was situated between the two layers of the dura, with its roots on the inner side of the dura at the base, it could best be reached by incising the dura and elevating the convolutions. In the above the zygomatic arch the convolutions. In the Horsley operation an opening should be made in the cranium above the zygomatic arch with a horse shoe shaped osteoplastic flap; finally incise

the dura and elevate it with a retractor, as I show you here; pass this long curved retractor beneath the convolutions and gently elevate the brain, so that the ganglion and motor root on the inner side can be reached and extracted from the side of the medulla. We can readily see that this is a difficult procedure, as the brain is not a resisting substance and the retractors tear or lacerate the brain tissue before the ganglion is exposed at its base. This operation was performed by Horsley with a fatal termination.

In the latter part of 1891, Frank Hartley, of New York, conceived the idea of attacking the ganglion from within the cranium and without the dura. This is the operation to which I shall direct your attention today, and is the one which I will perform with the assistance of Dr. Mayo, so that you may see how readily the ganglion and root of the nerve can be reached and extracted by this method.

We will next consider the dangers of the operations. In the operation from the base (Rose's operation), the dangers were found to be hemorrhage and infection. In the majority of the fatal cases found in the literature on the subject, infection was due to injury to the Eustachian tube, as the channel which the surgeon follows in getting to the base of the cranium at the foramen ovale is in close proximity to that tube. The mortality of the operations was 18 per cent. In Horsley's operation there was danger from hemorrhage, infection and mutilation of the brain. He performed the operation once and the patient died six hours after.

We will now consider the technique of the Hartley operation. In this operation, after we have made our incision through the skin and exposed the bone, we chisel an opening through the cranium, and if we have a De Vilbiss instrument, we can remove as large a piece of the cranium as we desire in a very short time. The chisel of Hartley or Krause's saw, which are very convenient, may be used. The De Vilbiss instrument has the advantage that it does not cut the dura when the instrument is pressed. As it comes back, it pushes the dura out of the operative field. Last week I used it in excising a large depression in the skull, it worked admirably and saved time. Make an omega incision (see figure 1a.) in the flap and cut the bone so that the base of the outer incision will be just

above the zygoma; elevate the bone, and its fractures below the level of the zygoma; press the Kocher between the dura and bone; lift the bone gently and push the dura back. As soon as this is done, we are liable to have hemorrhage from the middle meningeal artery. Should this occur, we can compress the bone with forceps or push the artery into the canal and introduce a cat gut plug. The hemorrhage from the dura is considerable when the flap is elevated. The flap is now turned down and allowed to remain. As soon as the bleeding has ceased, pass the finger along under the dura gently elevating it until the base of the middle fossa is reached. At this stage there is profuse hemorrhage from the vena Santorini and the arteria meningeal media. This artery occasionally enters the base through a separate foramina and has been ruptured in elevating the dura from the bone. When rupture takes place, the foramen should be packed with cat gut and allowed to remain. The hemorrhage may become so excessive that it may become necessary to stop the operation at this point and plug the fossa with gauze, allowing it to remain three days before completing the operation. Excessive hemorrhage was encountered in three of Dr. Keen's cases. The doctor, in commenting on the cases, stated that he introduced a piece of cat gut sixteen by twenty inches, which did not produce sufficient pressure on the brain to cause unpleasant symptoms. As soon as the base is exposed, introduce the retractor, which holds up the dura. As the specimen is passed around, notice the foramen ovale where the inferior maxillary division finds exit and just in front of it the foramen rotundum for the superior maxillary division. After both openings have been exposed, divide the upper layer of the dura between the two divisions of the nerve, allowing the periosteal portion to remain attached to the bone beneath the roots of the nerves. The inner layer can then be elevated from the surface of the nerves and ganglion with very little danger of perforating it. This is a very important point in the operation. Proceed along the upper surface to the ganglion, which is situated between the two layers of the dura, one beneath and the other above. As soon as this point is reached, the blunt dissector is used to elevate the dura; with it, separate the two layers of the dura, following along up the nerve. Peel the

dura off until the ganglion is thoroughly exposed. After the dura is peeled off a short distance, it may possibly be torn; there will then be an escape of cerebro-spinal fluid. If the sinus be torn, the hemorrhage will be profuse. Control it with the finger or with a compress on the retractor. Cleanse the cavity with a sponge until the parts become dry. With two of these retractors the sinus can be readily compressed if torn. The opening in the dura can be compressed in the same manner to suppress the flow of cerebro-spinal fluid. If necessary, the optic division of the nerve can be removed. It is difficult, as it is situated in the inner wall of the cavernous sinus. If an endeavor be made to remove the optic division from the cavernous sinus, the chances are the sinus will be opened and hemorrhage will follow, thus compelling the suspension of the operation for the time being, to be completed at another sitting. As soon as the ganglion is exposed, pass the blunt hooks, which we have for that purpose, under the roots of the nerves, elevate the nerves and make considerable traction from the openings toward the center. As soon as the roots are thoroughly drawn in and divided, close to the foramen, elevate the ganglion from its fossa and grasp it with a pair of large hemostatic forceps. I have found the eight-inch forceps of Billroth good for this purpose. The nerves being divided, the distal ends are pushed out of the foramina. This is done to lessen the possibility of subsequent regeneration of nerve tissue in case the ganglion is not completely removed. When the roots are divided, remove the hooklets which have been used for the purpose of elevating; separate the roots and the ganglion from the periosteal portion of the dura by gently elevating it, make a turn and a half of the Billroth forceps on the ganglion and the motor root will come out in one mass with the ganglion.

In the first case which I operated, I was annoyed considerably by hemorrhage. It retarded me for five or six minutes after I had the nerve exposed and had placed the forceps on the ganglion. As soon as the hemorrhage was under control, I proceeded and the nerve was extracted.

This method is very advantageous, as it affords an excellent view of the field of operation. I like the position suggested by Keen, i. e., placing the patient on the back and



operating from the side. In this position we can have a strand of gauze in the lower part of the wound, which will siphon the blood out as rapidly as it appears. When the ganglion is extracted, it should be examined to see if it all has been removed. The ganglion is not a large body; it is much smaller than is generally supposed. In some of the recorded cases a part of the ganglion was removed. This should not occur if the dura be retracted sufficiently with a blunt dissector. In both of my cases the permanent arrest of hemorrhage was produced with a plug of gauze, which was removed forty-eight hours after the operation through a small opening left in the bone. The osteoplastic flap was retained and replaced by periosteal and cutaneous sutures. In the second case there was some escape of cerebro-spinal fluid when the gauze was extracted; the provisional suture, which was inserted at the time of the operation, was tied and prevented the further loss of fluid. The danger of injury to the brain is not great. The danger from sepsis, when the dura has been lacerated, is considerable; in these cases these drains should always be used. It is surprising in such cases how quickly patients rally from the operation. The first patient upon whom I operated left the hospital two weeks after operation. The first operation consumed forty-two minutes; the second, fifty-seven. This is an operation of considerable anxiety, because we are at a disadvantage in controlling hemorrhage; if the carotid be injured, its control is almost impossible.

As to the results obtained from operative interference: There have been fifty-seven cases collected up to date, and of this number there were five deaths. Two of the patients were 70 years of age. One died shortly after the operation as a result of shock, the other, six days after the operation, without any special symptoms. Nothing was revealed post mortem to account for the patient's death. For an operation which affords relief from such great suffering, the mortality is small, one in eleven, and an idea of the suffering of these patients can only be gathered from those who are afflicted. They are willing to undergo any operation in the hope of obtaining relief. One of my patients, when informed of the dangers of the operation, expressed himself as follows: "Anything you can get out of this better than death is clear profit."

Figure II shows the line of complete anaesthesia three weeks after the operation.

Figure III shows the line of anaesthesia in the second case eighteen days after operation.

Recent reports from my cases show that there has been no return of the neuralgia, and neither have they suffered from ocular symptoms.

Mrs. Kate M., Lincoln, Neb., housewife; age, 53. Family history: Mother 85 years old, living and healthy; father, deceased, the result of an accident. Two sisters are living and enjoying good health. Husband and one boy are well. Patient enjoyed excellent health until sixteen years ago, when she was attacked with the present trouble. Was married at the age of 20. Had one child; no miscarriages or abortions. Never suffered from gout, rheumatism nor any kind of disease. Had sustained no injury to the head. Had not suffered from severe emotional excitement nor mental over-taxation previous to present illness; menstruation, normal.

Present history: Sixteen years ago, after a hard day's work, patient was attacked with a "stroke" or "shock" which prostrated her to the floor. The "shock" consisted of a severe sharp pain in the right side of the face. The pain was intense and lasted about ten minutes. She could not open her jaws and remained for a time as though completely paralyzed. This was the onset of the attacks of chronic neuralgia, for which she now seeks relief. The attacks occurred every few hours in the beginning, but for the last six years a spasmodic contraction of the muscles of the right side of the face with closure of the right eye, accompanied by intense pain, occurs every fifteen or twenty minutes, day and night. Excitement, pressure on the face, or a slight draught will bring on an attack. In the interval between the attacks the face is painful. The right half of the tongue appears to be the most painful spot. For that reason conversation is carried on in a low muttering tone, and has to be interrupted frequently when the attacks come on.

Examination.—No deformities or irregularities in the head or face; sight, normal; nose free from obstruction. Teeth on right side had all been extracted with the hope of relieving the neuralgia. No effect in the mouth or fauces; external

meatus and drum, normal. Heart and lungs normal; no irregularity in abdominal organs; pelvic organs normal; urine normal; no enlargement of glands; epitrochlear glands normal. The area of pain extends from right superciliary ridge down the entire side of the face to the lower margin of the mandible, from the anterior border of the ear forward to the middle line of the forehead, nose, lips and tongue. An electrode placed on any part of the face produced intense pain.

The patient's condition was really pitiable, and when on the table before the anaesthetic was administered, she said: "Doctor, promise me that you will do one of two things; either cure me of this neuralgia or kill me."

Operation.—The patient was operated upon Dec. 24, 1895; chloroform was used. The head was placed in a somewhat elevated position and turned to the side. The details of the operation were as described above. The evening after the operation the patient was conscious and said she was entirely relieved from pain, suffering only from the soreness at the position of the wound. Forty-eight hours after the operation, the gauze packing was removed—a small quantity of serum, blood and detritus escaped, but no cerebro-spinal fluid. The patient expressed great relief after the gauze was extracted, as she said the pressure seemed to be taken out of her head. At no time did her temperature reach 100 degrees. Her improvement was very rapid. She was able to sit up in a week, and in two weeks left the hospital. The accompanying cut shows the line of incision and also the line of anaesthesia three weeks after the operation. A letter from the patient, dated August 20, states that she has had no return of pain, the only inconvenience experienced is the absence of sensation on the right side of the face.

Case II—John G., Ossian, Ia., male, age, 52; German, merchant; married; several children, all well. Received a bullet wound in the army. Enjoyed excellent health up to seven years ago, when he began to have attacks of pain in the right side of the face. In the winter time he would have them every day, or, at the most, every second day. In the summer he might go for a week without an attack. The last winter they increased very much in severity and duration.

He is of phlegmatic temperament; responds slowly to ques-

tions; appears to be suffering from some mental disturbance; complains of pain in an area about the size of one dollar above the right superciliary region. When the attack is on, the pain extends over the greater portion of the face.

Eyes, nose, mouth and ears normal; some digestive disturbance; lungs and heart normal; urine negative.

Date of operation, April 9, 1896. Incision same as described above. In this case the dura was opened and a considerable quantity of cerebro-spinal fluid escaped. The packing was withdrawn seventy-two hours after operation. This was also followed by a discharge of cerebro-spinal fluid, which was stopped by tying the provisional suture. The patient made a rapid recovery; the numbness of his face annoyed him considerable. There was no pain after the operation. The ganglion and root were removed in one mass. It was given to Dr. Evans for examination.

Information received from patient August 14 states that he is not suffering from pain and enjoys excellent health since the operation. In neither of the patients was there any inconvenience expressed from the loss of sensibility in the eye. Convalescence was rapid; the patient was up and about the room in a week and left the hospital three weeks after the operation.

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### **Traumatic Aneurism.**

REPORTED BY R. T. MORRIS, M. D., HOUSTON, TEXAS.

This condition is the result of a blow, gunshot or any form of injury to the walls of an artery sufficient to disturb the integrity, so as to produce a dilatation, or complete rupture of the coats of the vessel. The injury may be so slight as to only rupture the inner coats, producing a fusiform or sacculated aneurism, or there may be a partial or complete division of the continuity of the vessel, resulting in a false aneurism, or there may be a rupture of the first variety, producing the "burst" form.

A traumatic aneurism in a vessel of any size is always a serious condition, the intensity of which varies with the locality, the size of the artery and the constitution of pa-

tient. A very small aneurism in the cranial cavity rapidly produces fatal symptoms, and, again, in other cavities, death results from hemorrhage, as there is not sufficient counter pressure to wall off the blood until coagulation and inflammatory deposits form a sac.

The most typical false aneurisms are found in the extremities, more especially along the femoral, as vessel wounds in that locality are more frequent.

The diagnosis, as a rule, is not difficult; the cardinal symptoms, tumor, tremor, bruit, and locality are generally sufficient. The diagnosis is sometimes obscured by an abscess, as the wounds communicate with outside air and permits contamination. The aspirating needle will, as a rule, make a doubtful diagnosis a positive one.

Pain, neuralgic in character, is always an accompaniment of diffuse aneurisms, and is sometimes so intense as to require the use of anodynes.

The danger points are hemorrhage, gangrene and septicaemia.

Treatment—There is never a unanimous opinion as to the treatment of any condition, and we find no exception here. Many recommend pressure; equally as many, Hunter's, Brador's, Wardrop's, Anel's, or the Antyllus methods, when feasible. The Antyllus method, which consists in opening the sac and ligating above and below the injured portion, was introduced during the third century without causing much comment, but later was ably advocated, then sunk into more or less obscurity until recently, when its enthusiastic supporters are numbered among the foremost surgeons of the day.

When the aneurism is small, pressure treatment may be utilized, or a Hunter's operation, if feasible, but when there is extravasation of blood in the tissue, producing a large tumor, and by pressure endangering the vitality of the limb below the injury, something more radical must be done, and done immediately.

Ashhurst says: "The treatment for diffuse aneurism is the same as for an ordinary wounded artery." A rational inference is to ligate above and below the wounded portion.

Tiffany says: "In case of a burst aneurism, the extravasated blood should be removed according as might seem proper,



but in all events the operator should take away the foreign body from the limb, as well as to relieve pressure." A logical conclusion is that he favors the Antyllus method.

In regard to extirpation, the following may be of interest: Dr. Delbert claims that before 1888 the mortality was between 12 and 17 per cent., but in the seventy-six cases since reported, there was not a single death; of 109 cases treated by ligature, twelve had gangrene, while in the seventy-six cases extirpated, there were seven instances of this accident, and in four of these the gangrene existed before the operation.

The following case I report, with the hope that it will elicit instructive discussion: Eli Wheeler, negro, age 14 years, was shot in left thigh during October or November, 1893. The ball entered the upper third of thigh, on its anterior aspect, passed inward and downwards, making the exit about two inches above popliteal space.

The wound healed kindly, and no trouble was experienced until about February 10, 1896 (patient not accurate in regard to dates), when, while riding horseback, he felt something give away in the limb, as he expressed it. A tumor rapidly formed, accompanied with considerable pain, necessitating his entrance to St. Joseph's infirmary a week after the artery bursted.

I first saw the patient February 16, 1896; the thigh was considerably enlarged, and the skin tense and glazed from intra-muscular pressure. A tremor and bruit were present and aspiration by Dr. Shaw disclosed blood.

On February 17, assisted by Dr. Noark, who kindly permitted me to operate; also by Drs. Blair, Cunningham and Shaw, the sac was opened, clotted blood and fibrin removed, and the artery was ligated above and below the injury.

Some difficulty was experienced in finding the wounded portion, but after a laborious search, the object was achieved. The after treatment consisted of packing the cavity with iodoform gauze and maintaining temperature with cans of hot water.

The anastomotic circulation was not sufficient to preserve the integrity of the limb, and ten days later the limb was amputated below the knee. Portions of the flap sloughed, necessitating grafting, which was done by Thiersch's method with success.

When the patient first came under my observation, the questions that presented themselves for consideration were, whether to utilize pressure and palliative treatment or resort to an immediate operation.

If the aneurism had been small and intra-muscular, pressure not so intense, palliative measures might have been used with fair success, but there was so much blood diffused in the tissue that, paradoxically, as it seemed, the integrity of the limb was threatened from anaemia.

A possible amputation below the knee, to my mind, was preferable to a thigh amputation, which would have been the ultimate operation under palliative treatment.

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### **A Case of Cystic Ovary and Pelvic Abscess.**

REPORTED BY E. B. JACKSON, M. D., HOUSTON, TEXAS.

This case is of interest purely because of the existing complication. On the 18th of August the case was first seen, in consultation with Dr. McDonell, to whom the woman had been sent from House's plantation, in Fort Bend county. She had a temperature of 101 to 102 since June 15, according to the account we obtained. There was a distinct tumor in the left region of the pelvis, but no fluctuation. The uterus was fixed and the roof of the vagina low, hot and hard. We diagnosed abscess, and so 'phoned Drs. Olive and Burton to meet us there the following morning in order that we might operate.

Under chloroform we thought best to aspirate, in order to thoroughly clear up the case, and we could only find clear cyst fluid. We decided then to wait until the next morning, knowing there was a cyst also to be dealt with.

After making an opening of some three inches in the median line, we found most extensive adhesions, everything being matted and bound tightly down. After evacuating the contents of the cyst, it was not deemed advisable to make any attempt to tie it off, inasmuch as adjacent drainage of extensive capacity was about to be established; therefore, it was dropped immediately upon discovering by exploration the subjacent abscess and becoming acquainted with its relative anatomy. Before closing the median wound, a counter incision was made

directly in the line elected for inguinal colotomy, and after opening the peritoneum carefully in the second place, a trocar and canula was guided by the finger under the flexure and through the meso-sigmoid into the enormous pus cavity. The median incision was rapidly closed with silk worm gut sutures out-half inch apart, including peritoneum, fascia and skin, with no drainage. The trocar's canula was fixed in the counter incision with its distal extremity pointing into and resting upon the abscess' floor.

Upon the morning of the third day a gum-elastic catheter was obtained of sufficient diminutiveness to enter the canula, and likewise the rubber tubing was substituted and answered happily, inasmuch as it furnished a means of, say, one-half inch pruning, when the dressings were made and thus the filling of the cavity by granulation followed the little velvet eyed instrument out of the abdomen without any untoward symptom whatever. The fever subsided completely within three days succeeding the operation. The silkworm gut suturers were removed on the eighth day, the upper one being abscessed to the extent of probably the size of a wheat grain. The case was dismissed upon the fourteenth day.

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#### **A New Method to Retain in Position after Reduction at the Hip Joint.**

REPORTED BY J. R. STUART, M. D., President of the Texas State Association of Railway Surgeons, and Surgeon in charge of the Houston Infirmary.

One of the surgeons at the Houston Infirmary, whose modesty is so great that he requests his name be omitted, has devised a simple, yet efficient, method of retaining a reduced dislocation of the hip joint. He has used it successfully in three consecutive cases, that had resisted the ordinary plans, and is so well pleased with the results that in the future he does not expect to attempt other dressings.

His method is as follows:

Supposing your patient has the dislocation of the hip reduced, cross the injured member over the sound limb, as shown

in the accompanying cut. Where the two limbs pressed against



each other, place a layer of cotton or some light substance to prevent chafing. Around the ankles fix a feather pillow in the form of a figure eight and secure the whole with a roller bandage, as seen in the following illustration:



This dressing is removed after a week, or when the tissues have regained their normal condition. And the surgeon will not be chagrined by finding "one leg shorter than the other."

The object of the dressing is to cause the fascia lata to act as a tense hood upon the head of the femur and force it tightly into the acetabulum.

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The medical colleges of Missouri are having a lively time, which is, however, not altogether a novel experience. The State Board of Health has ordered that all prospective medical students must first pass an examination to determine if they come up to the required standard of general education. The Barnes Medical College has employed legal talent to fight the ruling of the board and has asked the other colleges of the State to join with it. The Beaumont Medical College makes good use of the opportunity by refusing to join in the movement, for the good reason that medical students ought to pass such an examination,—Cleveland Journal of Medicine.

# Southwestern MEDICAL RECORD.

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All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

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## EDITORIAL DEPARTMENT.

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Some Value  
in  
Statistics.

WE ORDINARILY do not burden our readers with statistics, since we know and approve of the popular estimate of such tables; yet the collection made by Dr. Pepper furnishes such an opportunity to say something nice that we cannot resist the temptation.



## DR. PEPPER'S STATISTICS.

Table indicating proportion of physicians to the population.

Austro-Hung'r'n empire.	1 to 3,857	Netherlands.....	1 to 2,484
Belgium .....	1 to 2,841	Norway .....	1 to 3,961
France .....	1 to 2,666	Russia .....	1 to 8,551
German Empire .....	1 to 3,038	Spain .....	1 to 3,375
Italy .....	1 to 3,536	United States..	1 to 500

Number of medical colleges to the population.

Austro-Hungarian Em- pire .....	1 to 5,153,917	Great Britain .....	1 to 2,358,767
Belgium .....	1 to 1,534,111	Italy .....	1 to 1,445,109
Brazil .....	1 to 7,001,167	Netherlands .....	1 to 660,240
Canada .....	1 to 3,336,877	Norway .....	1 to 1,988,771
Chili .....	1 to 2,887,552	Sweden .....	1 to 1,600,917
France .....	1 to 5,477,591	Russia .....	1 to 14,503,317
German Empire .....	1 to 2,471,923	Spain .....	1 to 1,950,027
		United States .....	1 to 440,151

Owing to the omission of China and Africa, we will have to accept Russia as the antithesis of the United States. Russia, you see, leads the list as regards scarcity of physicians and schools to population, and the United States is the exact opposite. We know from the reports of travelers, notably the Century series by Kennar, that the vast majority of the citizens of Russia have to resort to foul smelling odors and tom-toms to drive away disease, while in the United States, as Dr. J. Larendon aptly expresses it, "two physicians are on every corner and one just around the corner." This means that the citizens of the United States are better served by physicians, receive more intelligent treatment and know, consequently, more of hygiene than any country on the globe.

This means that wealth is more evenly distributed in the United States than elsewhere, or such a large number of men would not have the opportunity to acquire an education so as to fit them, even in small degree, for the duties of a physician. Competition is necessarily greater, developing the capacity and sharpening the mental acumen of our physicians to way above par. Great is the glory and honor to the American physician! Bound by no hard lines of prejudice and class distinction, he can come from the hovel or palace and add his mite "without let or hindrance" to the treasury of science.

R.

**City  
Sanitary  
Office.**

IT IS NOT every town in Texas that can boast of such an institution as a city sanitary office. Houston has one, at least in name, under full headway, and calls the attention of passers-by with a sign like that heading this article. No one would recognize the place except for the sign, and when he does, the first impulse is to laugh. It is situated on a side street, where the sidewalk is such that sprained ankles are not an impossibility, and in what is known as the calaboose. The front door of this two-story dilapidated brick is from necessity like Virginia doors, eternally open. The hall floor is decaying and the stairs leading to the second floor are in a like condition. The large room to the left, filled with tobacco smoke, is divided by railings leading in several directions. The various apartments, thus made, have policemen, bookkeepers and loafers in various styles and degrees of dress, while just opposite the window, where our sign hangs, is the city sanitary office. This office is presided over by an exceedingly genial gentleman, Mr. Thompson, who seemed much amused at our inquiry for the *city sanitary office*, and laughingly referred to the soot on the wall, the result of years of growth, and pointed out the falling plaster, and remarked the condition of the floor; which would give our Eastern friends, who want the vulgar public to expectorate in cuspidors, an attack of hysterics.

The most *striking* thing about his office is the odor that comes from the rear door, where the city prisoners are kept. The odor from the coon in the hall and the bear by the entrance is, compared with this, Hoyt's German. The city sanitary office "by another name would smell as sweet."

R.



Dr. William B. Brooks, for the past fourteen years editor of the Texas Courier Record of Medicine, died at his home in

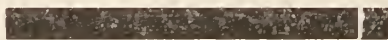
Dallas, Texas, Sunday, October 4, from pneumonia. He leaves a wife and five children.

"Life, I know not who thou art;  
But this I know, you and I must part;  
How, when, and where first we met,  
I own to me is a secret yet."

Death is as much a part of the Divine plan as birth, and is a debt paid or a reward won, by the greatest physician as with all mankind—all life. Dr. Brooks was an able and faithful physician and has ever been watchful and zealous of the interests of the profession of Texas, both by example and with the pen, through the journal he has so ably edited and successfully conducted. The Record and the profession of Texas generally mourn the loss of Dr. Brooks.

The Southwestern Medical Record wishes and hopes that the Courier-Record of Medicine "may hand to its successors with radiance undimmed the lamp which has fallen from the grasp of him who has gone before."

B.



The following letter has been sent to many physicians within a radius of a hundred miles or more of the city of Houston. The committee are desirous that every physician who reads this, however, to consider that he has an invitation, and they hope to have his support and assistance in the organization of a medical society, as set forth in the letter. The time of the meetings, the place thereof, the rules of organization and officers of the same, will be chosen by those in attendance at the organization:

Houston, Texas, October, 10, 1896.

Dear Doctor—The undersigned committee appointed by the Houston District Medical association, desire your attendance and co-operation on a day between December 1 and 12, to organize the South Texas Medical association. Experience has demonstrated, at local gatherings more interest is mani-

fested and the enthusiasm is more intense than at the State association. We do not mean to disparage the State association, for it serves a good and useful purpose, but we are satisfied that a local gathering will be very profitable and pleasant, and in no way interfere with the functions of the State organization, but rather to strengthen them. We will dispense with preliminary and extraneous matter and devote our time exclusively to scientific subjects, so as to concentrate as much work in as short time as possible, permitting those offering *papers* opportunities to read them, and those attending, the time for hearing and discussing same. Now, doctor, if convenient, we will be pleased to receive a paper from you upon any medical or surgical subject in which you are interested. A reply from you by November 10 as to the probability of your attendance and contribution of paper will be appreciated. The *exact date* of meeting will be arranged to agree with the usual excursions to Houston. There will be no fees or dues. Doctor, kindly call the attention of your medical friends to the meeting. We are, sincerely yours,

ROBERT T. MORRIS,  
JOSEPH A. MULLEN,  
S. C. RED,  
R. C. HODGES, M. D's.  
Committee.

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## CORRESPONDENCE.

New Orleans, Oct. 20, 1896.

Editors Southwestern Medical Record:

The meeting of the Southern section of the American Laryngological, Rhinological and Otological Society will be held in New Orleans, March 3d and 4th, 1897. This date has been selected, as it will permit visiting members to see New Orleans during the carnival season and will enable them to secure half-rate railroad transportation.

The number of physicians who devote their attention to diseases of the ear, nose and throat, has increased so much and the subjects for discussion have become so extensive, that it is difficult, in the time devoted to the annual meeting

of the society, to give the necessary time to many important questions. On this account, the four sections of the society have been formed, the object of which is to promote the interest of the specialty during the interval of the annual meetings.

A meeting of a Laryngological, Rhinological and Otological Society in the south is a distinctly new enterprise and should be encouraged. With the active co-operation of the physicians interested in this work, the carnival meeting of the Southern section of the American Laryngological, Rhinological and Otological Society will be an assured success.

Candidates for membership should send their names, properly endorsed, to Dr. Robert C. Myles, Secretary, 46 West 38th street, New York, or to Dr. W. Scheppegrell, so that they may be acted upon by the council of the society.

Very truly yours,

W. SCHEPPEGRELL,  
Chairman Southern Section.

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## SOCIETY NOTES.

### MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Twenty-second Annual Meeting, held at the Minnesota State Capitol, St. Paul, September 15, 16, 17 and 18, 1896.

The association convened in the senate chamber at the capitol. Dr. C. A. Wheaton, chairman committee of arrangements, called the meeting to order. Most Rev. John Ireland, D. D., offered prayer. On behalf of the state of Minnesota, Governor D. M. Clough gave an address of welcome. The physicians were welcomed on behalf of the city by Mayor F. B. Doran. He referred to the city's reputation as a host, won by the magnificent record of the recent encampment, and that upon that occasion St. Paul had welcomed the men who had preserved the nation, and were now happy to welcome the men who preserved the bodies of the nation's defenders. Dr. A. J. Stone spoke for the profession in St. Paul in extending a welcome to the visitors. "We



owe much of our delight in anticipating your visit here to the ladies, and we want you all to place your wives, mothers and daughters in the hands of ours at the Kittson residence, so that aside from the scientific labors of the occasion there will be social pleasures for the ladies and gentlemen from abroad.''

#### PRESIDENT'S ADDRESS.

Dr. Wheaton presented the president of the association, Dr. Henry O. Walker, Detroit, who delivered the "President's Address." He said in part, the path thus far has been strewn with roses and I hope it will so continue to the end. I have found it difficult to secure a subject which has not been thoroughly thrashed over and over again. I have therefore departed from the usual course and will offer some suggestions in a purely scientific vein by reporting three cases, in which four operations were done representing nearly all the operative procedures now done upon the kidney.

Dr. J. Homer Coulter, of Chicago, read a paper on "Tonsillotomy by Cautery Dissection."'

No subject in surgery or medicine has been much more prolific in interest and discussion than that of the tonsil. In the past ten years over 600 papers have been written on that subject alone. The size of the normal tonsil is still a subject of discussion with throat specialists. Some claim there is normally no tonsil to be seen; however, the most usual opinion is that there exists normally a collection of follicles between the pillars of the fauces protruding slightly above them. The tonsil is an almond-shaped gland larger at one end than the other and somewhat flattened.

The methods usually employed for its ablation are the guillotine, igni puncture, the cold or cautery snare, or the knife. Each of these methods have practical objections to their use. Most important of these objections, and one which applies to all of them, is the fact that by no one of them can the gland be taken out. Unless this is done the part remaining will oftentimes produce as much trouble as did the former condition. The operation I propose obviates this objection entirely if properly performed.

With a well-heated smallelectrode the pillars are dissected away from the tonsil to one-half its extent. The gland is then with suitable forceps, drawn well out and thoroughly and entirely dissected out to about one-half its extent. This portion is then cut off and the surface treated with a strong solution of silver nitrate. In a week or ten days the other portion of the tonsil is removed in the same manner. This operation will give cosmetic as well as practical results unobtainable by any other process yet suggested.

Dr. Henry P. Newman, of Chicago, read a paper on 'Woman and Her Diseases, versus Gynecology.'

We are coming to a period of transition in the practice of surgical studies on the cure and prevention. Preventive medicine, hygiene, sanitation and sociology are now popular themes for medical societies. Philanthropy has taken the cue from medicine, and is attempting to form a citizen rather than reform him. I wish to emphasize the fact that we are not dealing with the cold science side of our art, but with the highest of human interest. The amount of ignorance in the average woman of nature's requirements is appalling. Woman's sphere has lately widened until now it is as wide as man's. Has she equipped herself for this race intelligently? Look at the average woman in the cities; the average stenographer, saleswoman, the business woman, do they not daily outrage their bodies by compliance with the dictates of fashion in food, dress and habits?

The tendency of gynecologists to enter surgery is to be deprecated. It narrows his opportunities. He had better stay attached to obstetrics and pediatrics. A woman's generative organs should not be doomed because she has needed to visit the gynecologist. A good diagnostician must know as much about women as about disease; as much about environment and social and domestic relations, as about pelvic lesions.

As specialists, we must recognize and exercise the important interests in a medical science which will prevent rather than cure disease. As we know what can be acquired may

be prevented, hence we as specialists should lead in the reform of those conditions which are detrimental to the health of woman.

Dr. Hugh T. Patrick, of Chicago, read a paper on "Electro-Diagnosis and Electro-Therapeutics Simplified."

Electro-diagnosis is limited to the affirmation or denial of a lesion of the lower neuron; that is, of the lesion of the motor cells in the spinal cord, or the nerve fiber, the peripheral nerves springing from those cells. A lesion of this neuron causes the action of degeneration, and this stripped of all unnecessary technicalities, may be recognized by two variations from the normal, namely, a loss or very considerable diminution of faradic contractions and the slow worm-like contraction of the muscles to interruption of the galvanic current.

In the electro-therapeutics of organic disease of the nervous system, applications of electricity through the brain may be entirely discarded as useless. Electricity through the spinal cord is little better. In diseases of the peripheral nerves it probably hastens recovery, and that current is to be chosen which the better causes muscular contraction.

In functional nervous diseases electricity is of more practical value than in organic affections, but it is almost impossible to determine what proportion of this good effect is due to mental impression—to suggestion.

The galvanic current is chosen for facial neuralgia, costal and sciatica. The faradic for lumbago, hysterical anesthesia, paralysis and pain. The galvanic for exophthalmic goitre and sometimes for neurasthenic headache and backache. For facial spasms, tic, spasmodic torticollis, tremor and chorea, electricity is useful aside from the mental effect.

The highly practical and otherwise unusual merits of the paper were touched upon in the discussion which followed, all agreeing in the verdict that the subject of electricity had been presented in a most practical as well as scholarly form by Dr. Patrick.

## NEWS AND MISCELLANY.

**A Precocious Anatomist.**

D. Will Gwin, aged four years and five months, is supposed to be the youngest anatomist in America. He can name every bone of the human body at random and pick out the same when asked, from a disarticulated skeleton. He gives the minute anatomy of the heart, describes the circulation, and the process of digestion, all without hesitation, and in modest reply to any interrogator.

He has a well formed head, and he is an unusually bright and amiable child. His complexion is blonde, his weight is thirty-six pounds.

The father of this little anatomist is Dr. H. B. Gwin, who practiced six years in San Francisco, and was adjunct Professor of Anatomy in the University of California. The doctor is now traveling for a well known drug house. The little anatomist, with whom we had the pleasure of conversing, travels with his father.

Dr. T. J. Bell, of Tyler, was in attendance upon the Presbyterian Synod at Houston during part of last month. Dr. Bell is an enthusiastic talker and fully abreast with the times.

A bad wound heals; a bad name kills.

Weir's Index to the medical press has suspended publication.

The deluge of papers on puerperal eclampsia show signs of subsiding.

Dr. C. W. Brown, Orange, paid Houston a professional visit on the 18th.

Dr. L. A. L. Lamkin has returned to his practice much improved in health.

Dr. P. M. Raysor, Chappel Hill, paid Houston a professional visit on the 27th.

Dr. J. F. Collier, of Conroe, was in Houston October 24th and called on the RECORD.

A number of medical journals have been drawn into the merits (?) of politics this year.

Dr. N. P. Dolen, late of Houston, now of Liberty county, is very sick at his home.

The faster a man lives the less likely he is to keep up with his running expenses.—Ex.

Dr. R. W. Knox, of Houston, spent the greater portion of October hunting in west Texas.

Dr. C. S. Vance was called hastily to Liberty county, on the 28th inst., to see Dr. N. P. Dolen.

Dr. J. R. Collard, of Wheelock, paid Houston and Galveston a social visit during the month past.

By taking revenge a man is but even with his enemy—by passing it over he is superior.—Bacon.

The sooner you send in a paper in competition for the chair the greater the probabilities of its being successful.

The daily press credits Dr. Hamilton, of Chicago, with having resigned his connection in the U. S. Marine service.

One don't need to be superstitious to see strange things in this world; all one needs to do is to keep one's eyes open.

Appropriation for Vaccine and Antitoxin.—The Chicago city council has appropriated \$25,000 for the purchase of vaccine, antitoxin and the employment of physicians to prevent the spread of small-pox and diphtheria.



It is announced the project of establishing a Masonic hospital in Brooklyn is under consideration in twenty lodges in that city.

Dr. R. F. Miller, oculist for the H. & T. C. railroad at Sherman, was in Houston on the 25th, calling on friends and acquaintances.

Dr. J. H. Reuss, of Cuero, has returned from the Post Graduate Medical Schools, of New York City, where he has spent the most of the summer.

Dr. A. C. Abbott, formerly of Baltimore, has been elected Professor of Hygiene in the University of Pennsylvania, to succeed Dr. John S. Billings.

Dr. Vard H. Hulen, of Galveston, has recently been appointed surgeon in the eye, ear, nose and throat department of St. Mary's Infirmary of that city.

Mr. Frederick Treves, of the London Hospital, very properly says, we cannot have earcinoma of the peritoneum, because the only malignant growth that can occur in connective tissue is sarcoma.

Dr. D. F. Donaldson, of Port William, Ohio, has been made the defendant in a \$10,000 damage suit by Louis Huffman, for alleged unskillfulness and negligence in reducing a dislocation of the shoulder.

The American Association of Obstetricians and Gynecologists held its ninth annual meeting in Richmond, Virginia, on September 22, 23 and 24, 1896, under the presidency of Dr. Joseph Price, of Philadelphia.

Professor Potain says that, generally speaking, the absence of pain in any given disease makes the prognosis graver. He asserts moreover that of a hundred persons complaining of heart disease about seventy have some affection of the colon.

Dr. John B. Hamilton, of the United States Marine hospital at Chicago, has tendered a peremptory resignation to the president. Hamilton says he has been driven into retirement from the service by Surgeon General Walter Wyman. Hamilton had been ordered to San Francisco and positively refused to go.

The 16th of October the semi-centennial of the discovery of ether by Dr. Morton, was celebrated at the Massachusetts General Hospital, at which distinguished visitors from abroad were present, viz: Lord and Lady Playfair, also the widow of Dr. Morton.

Doctor.—Take these powders as directed, and your cold will be gone in two or three days.

Patient.—You seem to be quite hoarse, doctor.

Doctor.—Yes! I've had a bad cold for four weeks.—  
Can. Phar. Journal.

The board of health of Denmark has ordered the pharmacists to make their own medicines, declaring that the manufactured preparations are dangerous and unreliable. They are also compelled to keep a laboratory book open for inspection.—Monthly Retrospect.

The British Medical Journal urges that antipyrin be classed as a poison and that pharmacists should only be allowed to dispense it under the usual laws regulating the sale of poison. The numerous deaths from its use by self-medicators furnish sufficient justification for the plea.

Those who send in their articles early to compete for the Yale surgical and gynecological chair, will have the advantage, in that the editors will have a less number to select from now than they will later on. Please read the rules and regulations governing the award and send in your paper accordingly.

During one sitting recently Dr. A. J. Oschner, at the Augustana Hospital, Chicago, anchored the right kidney, amputated the cervix, repaired the perineum and dilated the rectum for hemorrhoids. The patient, a woman forty years of age, underwent all of these operations at one time.—Health Journal.

The latest method of the "cure-all-quacks" is to drive through the country hunting invalids. He promises a sure-cure, takes five dollars for a little preparatory medicine, and takes a contract to receive \$50 when cured. Thus he gets \$5 for three cents worth of what he calls preparatory medicine. The RECORD had a letter from a victim at Hester, Texas. He signs himself as agent for Houston Medical Co.

Dr. G. T. Winston, president of the University of Texas, deserves the earnest support of every Texan. His natural gifts and profound learning are calculated to make his presence felt in any community. Handicapped as he is, still there is every reason to believe that he will fulfill the expectation of his admirers.

Mr. Harold Jalland Stiles, of Edinburgh University, has been awarded the Walker prize at the Royal College of Surgeons for the current year, his work in advancing the knowledge of the pathology and therapeutics of cancer being the best. The boon consisted of £100 and a certificate of reward.—Medical Process.

We can't all think alike on everything. Our thoughts are not creatures of our will, they are children of heredity, experience and environment, and perhaps remotely affected by diet; we should therefore be charitable in an intellectual way and slow to hurt the feelings of another because he occupies a different point of view.

Out of the eighty-six departments into which France is divided, in fifty-one the deaths exceed the births. The annual natality for the whole country is only 23.7 for each 1,000 inhabitants, and this number includes the still-born. More than 150,000 children under one year of age die in France every year.—Monthly Retrospect.

St. Louis is the proud possessor of two hospitals, each owned by a stock company and run for the profits in the business. People are solicited to become members by paying fifty cents a week, for which, in case of sickness, they receive hospital care. This is the lowest stage yet reached by the hospital abuse.—Cleveland Journal of Medicine.

We are assured by Dr. Noark, county physician, that in his report published in October RECORD, there was no invidious comparison intended between his and the former county physician's report. We are further assured that the number of patients in the county hospital is dependent upon numerous causes, such as the season, the condition of the crop here and elsewhere, and the number of "weary waggles" in the community.

There is talk of closing the public schools of Chicago because the board of education has not provided filters for the school buildings. The recent heavy rains have contaminated the lake out as far as the crib, and typhoid, scarlet fever and diphtheria are seriously prevalent. The grand jury is investigating charges of criminal neglect against the board of education.—Cleveland Journal of Medicine.

The Charlotte Medical Journal, in the October number has an editorial on apomorphia and hysteria, in which it takes occasion to say: "The writer discovered the benefits of this remedy in hysterical coma as the result of the benefits obtained by another physician, by the use of (that used) ipecac in the same condition." Had the editor been a constant reader of the RECORD he would have found it discovered for him long ago.

Dr. A. C. Bernays, Frank Ruff and the Antikamnia Chemical Company have been sued for \$60,000 damages by Anita May George, who was operated upon for stricture of the esophagus by Dr. Bernays. The patient's picture before and after operation, together with the history of the case, were printed in a pamphlet (150,000 copies alleged) advertising antikamnia. Damages are asked because of the publicity given the plaintiff.

As a result of the growing popularity of the highlands of southern New York and northern Pennsylvania as resorts for consumptives, the town of Liberty, in Sullivan county, New York, has just passed an ordinance, according to the New York Herald, forbidding under penalty, all persons from expectorating upon the sidewalks, dooryards, or floors of houses. The health board does not wish the little town to become a center of infection.

It is the rule of the British Medical Association to elect as president a gentleman residing in the city in which the next meeting is to be held. This honor has been conferred on Dr. T. G. Roddick, of Montreal, the place of meeting of the association for the next year. Dr. Roddick is professor of surgery in the McGill University, and consulting surgeon to the Royal Victoria Hospital, Montreal. He is also a member of

the Dominion Parliament, one of the leading surgeons of the Dominion, and is held in high esteem by all, professionally and socially.—American Medical Review.

Their Conclusions.—Two scientists of the twenty-first century were examining with deep interest a petrified body which had just been discovered.

“It is quite old,” said one.

“Yes,” replied the other, “but not more than 150 years old, I should say. You will notice that it has the bicycle face and the telephone ear. Those peculiarities did not develop until near the close of the nineteenth century, according to the best authorities.”

The committee of solicitation and arrangement for the convening and organization of the South Texas Medical Association have already received letters of encouragement, promising help and support to the meeting to be held in Houston early in December, from the following gentlemen: Dr. West, of Galveston; Drs. Brown and Bell, Wallis, Texas; Dr. E. R. Walker, Weimer, Texas; Dr. E. A. Malsch, New Orleans, La.; Dr. J. H. Morrison, Hempstead, Texas; Dr. Bat Smith, Wharton, Texas; Dr. W. W. Walker, Schulenberg, Texas; Dr. J. H. Collier, Conroe, Texas. The committee believe from the encouragement already received that the organization will enroll the largest number of charter members of any medical organization ever organized in Texas.

ELECTRICITY IN GYNECOLOGY.—Dr. G. Betton Massey, of Philadelphia, makes the following report from Howard Hospital.

	Cases.	Cured.	Imprvd.	Became Worse.
Subinvolution .....	7	7		
Menorrhagia .....	5	4	1	
Endometritis .....	4	3	1	
Retroflexion .....	2		2	
Retroversion .....	2	1	1	
Pyosalpinx .....	2	1		1
Hydrosalpinx .....	1	1		
Ectopic Gestation .....	1	1		
Prolapse .....	1		1	
Urethral Caruncle .....	1	1		
Pruritus .....	1	1		



# FORMULAE.

## THE TREATMENT OF STOMATITIS.

In the Nord Medical for August 1 the following formulæ for various forms of stomatitis may be found :

APHTHOUS STOMATITIS.—The ulcerations may be touched with a piece of absorbent cotton saturated with one of the following solutions:

1. Sodium salicylate .....20.00 grams  
Distilled water..... 90.00 “
2. Sodium borate ..... 3.00 “  
Sodium salicylate ..... 5.00 “  
Tincture of myrrh ..... 4.00 “  
Syrup of mulberries,  
Distilled water ..... 18.00 grams
3. Sodium chloride..... 6.00 “  
Cherry-laurel water. 15.00 “  
Syrup of althea ..... 25.00 “  
Decoction of poppy  
seed ..... 180.00 “

The patient should take only boiled or sterilized milk.

ERYTHEMATOUS STOMATITIS.—If the inflammation of the mouth is connected with the eruption of the teeth, frequent rinsing and spraying should be practised, especially after meals, with boric-acid water or the following solution:

- Sodium borate .....2.00 grams  
Sodium bicarbonate ..... 4.00 “  
Distilled water..... 90.00 “

If the inflammation appears during the course of the infectious disease, the following may be used:

- Boric acid  
Potassium chloride,  
each .....2.00 “  
Lemon juice .....15.00 “  
Glycerin..... 20.00 “

Frequent washings with Vichy water or Vals water are also good.

TIRUSII.—The prophylactic treatment consists in carefully cleansing the infant's mouth after each nursing with Vichy water. The curative

treatment includes the same method of washing, and besides, frequent applications of the following:

- Sodium borate,  
Sodium bicarb., each .....10.00 grams  
Glycerin ..... 40.00 “

At the same time it is well to institute gastro-intestinal antiseptics, for which the following potion will be found useful :

- Bismuth Salicylate,  
Benzo-naphthol,  
Sodium bicarbonate, ea. 1.00 grams  
Syr. orange flowers.....20.00 “  
Orange flower water,  
Linden water, each ..... 60.00 “

ULCERATIVE MEMBRANOUS STOMATITIS.—Potassium chloride is preferable in this form of stomatitis; it may be prescribed internally and externally. For the former, thirty grains a day may be given to a child from 5 to 10 years of age, as follows:

- Potassium chloride..... 2.00 grams  
Syrup of raspberries .....20.00 “  
Julep of gum ..... 75.00 “

A dessert spoonful of the mixture is to be given every 2 hours. The following solution may be used for lavage and irrigation:

- Potassium chloride..... 5.00 grams  
Honey of roses ..... 30.00 “  
Distilled water ..... 180.00 “

To paint upon the ulcerations, the following is recommended:

- Potassium chloride..... 1.00 grams  
Rose honey .....10.00 “  
Glycerin .....20.00 “

In rebellious cases tincture of iodine may be used in the following manner:

- Tincture of iodine ..... 10.00 grms  
Glycerin ..... 20.00 “

Permanganate of potassium may be used as follows:

- Potassium permang. .... .50 grams  
Distilled water.....60.00 “

## PUBLISHER'S NOTES.

Read the ad. of the Castalian Spring Water Co., and give the water a trial.

Radford & Hutchinson, wholesale and retail grocers of this city, have the model grocery house of the South.

‘‘Hockerbrau’’ is an elegant preparation for convalescents and is also very useful in amylaceous dyspepsia.

Those needing artificial limbs should call on or address D. W. Bartlett, 211 1-2 Travis street, this city. See his ad.

To those desiring medical text books we most heartily recommend Armand Hawkins, 1034 Canal street, New Orleans. Send for his prices and discounts.

Malt-Nutrine can now be had at any drug store in the city. It is invaluable for convalescents, nursing mothers and persons suffering with wasting diseases.

We call attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.

**Trikresoliodin.**—Registered—Prepared under the formula and supervision of Dr. F. Mortimer Reeves. The peculiar pathological conditions existing in Rhinitis, Atrophic and Hypertrophic, and post-nasal Catarrh, require something more than the palliative measures resorted to, as a rule, to controvert them successfully. Reaction is positively necessary, and can only be secured by an agent producing a safe, non-erosive, osmotic effect, guarded by sedatives and antiseptics non-irritant themselves. This preparation possesses all these requisites. Literature sent on application. Prepared strictly for physicians' use. Meyer Bros. Drug Co., Sole agents, United States and Canada, St. Louis and New York.

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## ORIGINAL COMMUNICATIONS.

### **Certain Misconceptions Regarding Cardiac Murmurs and Their Interpretation.\***

ARTHUR R. EDWARDS, A. M., M. D., Professor of Therapeutics, Northwestern University Medical School; Attending Physician Cook County Hospital; Pathologist to Cook County, St. Luke's and Wesley Hospitals, Chicago.

The cardiac murmur is a subject of greatest diagnostic, prognostic and therapeutic importance, regarding which certain authoritative and popular misconceptions prevail. There has always been an inclination to place undue stress upon the mere existence of heart murmurs, to the disregard of other equally or indeed more essential physical findings. Authors, especially of the French school, have been prone to draw broadest inferences from the very loudness and timbre of heart murmurs, a tendency still rife among clinicians and practitioners.

The loudness of a murmur sustains no invariable relation to the severity of the casual lesion. Guttman states the stronger the murmur the more marked is the underlying path-

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\*Read at the Mississippi Valley Medical Association, at St. Paul, Sept., 1896.

ological alteration, although he admits many exceptions and relies more upon other methods of examination. Dilation and hypertrophy of a cardiac chamber signify more than a mere murmur of given intensity. I recall an instance of an enormously dilated heart characterized by a very loud, rough murmur, in which, after death, the valves were perfectly smooth. Gradually increasing stenosis and insufficiency frequently present physical conditions under which murmurs disappear. Cardiac examinations in the ultimate stage of disordered compensation is often unsatisfactory, as an accurate study cannot then be made. I have observed several cases of aortic regurgitation in which the murmur previously recorded disappear some weeks before death. In such cases the diagnosis from myocarditis and kindred affections may be impossible. Valvular murmurs may disappear temporarily during an intercurrent febrile affection, or be permanently buried under terminal tachycardia. Loudness bears an important relation to cardiac activity, a fact in which lies a diagnostic suggestion. Loudness may vary from day to day, and intensity alone does not influence prognosis, as a fainter murmur can signalize heart failure.

Sahli states that standing or sitting intensifies murmurs that are weak in the prone position, while Eichhorst describes endocardial murmurs as becoming weaker or disappearing upon standing. I have never been able to demonstrate any constancy between intensity and any single position, although Eichhorst's practise of examining patients in different positions obviates many errors.

French writers have said much regarding the timbre of cardiac murmurs, and have dogmatized that their acoustic characters determine sclerosis, calcification, or the degree of lesion. Eichhorst deprecates such generalizations, and denies their diagnostic value. Rough, smooth, blowing or sawing murmurs depend upon purely physical condition of the valves and blood current.

Particular importance is attached to musical murmurs and those that may be heard at a distance. Aortic and mitral lesions have produced musical murmurs. At autopsies are found perforations of the semi-lunar valves (Schrotter), abnormal chordæ tendinæ across the ventricle (V. Drosda),

torn papillary muscles, or relative aortic regurgitations (Groedel), but often no cause is found. Murmurs par distance, heard by the patient himself or those around him, are musical, singing or squeaking, and are observed in aortic stenosis (Stokes, Ebstein) and aortic regurgitation, but are sometimes accidental (Ebstein, Eichhorst). During the last year I attended a physician with great cardiac dilatation of anterior sclerotic origin, in whom relative mitro regurgitant murmur could be heard from the foot of the bed. It disappeared when rest removed the dilatation. Tibre has, however, a relative significance. Hard, calcified, rough valves often produce rough murmurs, as do also torn, chordæ tendinæ, and loosened valves. Aortic regurgitant bruits are soft and growing, while those of aortic stenosis are harsh and sawing. In mitral leakage the murmurs are loud but short, and in mitral stenosis, faint, rolling or rippling.

One of the most important cardiac bruits is the "accidental" murmur, also known as inorganic, accessory, adventitious, functional, hemic, or anemic. Sahli properly objects to calling accidental murmurs inorganic or functional, as they may depend upon functional valvular disturbance; and, decides, not all accidental murmurs rest upon an anatomic basis. He rejects the term anemic, as accidental murmurs may occur from valvular insufficiency, even in chlorosis and anemia; and, again, not all accidental murmurs are anemic. The division of murmurs as follows is proposed: 1. Valvular. 2. Functional. 3. Accidental.

We can only speculate as to the pathogenesis of accidental murmurs. There are theories innumerable, but that advocated by Sahli seems most applicable, that the rapidity of the cardiac contraction explains the murmur. In acute anemia, as from hemorrhage, the resistance to the systole is reduced and accidental murmurs intervene. In chronic anemia the quality of the blood is altered, and thereby, the resistance to the systole is reduced, with consequent acceleration and with accidental murmur. Cohnheim has produced a cervical venous hum by artificial hydremia.

The differential diagnosis of accidental murmurs is often difficult. Many sweeping statements have been made and



criteria established whose unreliability has, in my experience, been conclusively true.

The etiologic differentiation. Accidental murmurs may occur in health. Scoda found them in acute rheumatism, pregnancy, puerperal disease, carcinoma, typhoid fever, small pox and anemia. (Percussion, S. 212.) They are found in fevers, anemia, cachexia, and in inanition from whatever cause. Whatever lowers blood pressure relieves the arteries and increases the heart's action, may produce accidental murmurs.

Groedel affirms that the diagnosis is easy when there is a concomitant venous hum, which, according to Filatow, accompanies "nemic" bruits. Walshe cannot remember an instance of organic heart disease associated with an anemic bruit de diable. Rheumatism may argue for valvular disease. These laws assist in certain instances, but, like all statements that are not absolutely true, fail when infallibility is most imperative. Foreexample, in a case without previous history, with high and somewhat irregular temperature, rapid pulse, diffuse furunculosis, delirium, involuntary evacuations, a dilated left heart, a loud, harsh mitral murmur, no roseola, no diarrhœa, no tympany, and no splenic tumor, the diagnosis lay between a late typhoid with an accidental murmur and septicopyemia with cardiac localization. The lack of alteration in the left ventricle turned the scale in favor of typhoid, and the diagnosis was established at the autopsy.

For the same reason the case of the Chinaman with a parotid abscess, meningeal symptoms, high temperature, and a loud, blowing apical aystolic bruit, was diagnosticated sepsis without valvular involvements and was confirmed after death.

Not every murmur observed in anemic patients is inorganic. Many are relative, valvular insufficiencies. Vierordt recounts two cases on pernicious anemia in which the diagnosis oscillated between organic and inorganic murmurs, with final decision in favor of their functional origin. The autopsy, however, revealed endocarditis and very slight ventricular hypertrophy, the diagnostician having been baffled by concomitant emphysema. Valvular heart disease

may produce a profound, secondary anemia, a confusing point never mentioned in this connection by diagrammatic physical diagnosticians.

Physical examinations of the heart. Only physical examinations of the heart by methods other than auscultation can determine the status of a cardiac murmur. In organic cardiac disease are found, hypertrophy, dilatation, loud or accentuated tones, replaced or accompanied by murmurs, and abnormal arterial phenomenon, e. g. anomalous sounds, the pulse, the capillary pulse, etc. While considerable dilatation may complicate anemia, yet hypertrophy argues for organic change. Dilatation of either or both ventricles in anemia is neither marked nor is it attended by hypertrophy. Leube says while the second pulmonary sound may be somewhat accentuated in anemia, it is not markedly so, nor is it palpable. In neglecting careful cardiac percussion physicians often err. With reliance upon exhaustive physical examination the diagnosis of heart disease becomes one of the easiest, most satisfactory and most accurate.

Systolic and diastolic murmurs. Regarding the cardiac phases of murmurs, the formal teaching prevails that anemic bruits are always systolic. (Finlayson, Flint, Guttman, and others).

While they are usually systolic, such dogmatic statements can not, I believe, maintain. I have observed and reported cases (1) in which anemic diastolic bruits were heard over the large thoracic and abdominal venous trunks, and functional diastolic murmurs were observed in relative aortic regurgitation. Sahli (2) has again reported a similar series. A case of chronic cardiac exhaustion from overwork has recently been in my ward in which was heard an apical presystolic murmur, disappearing under rest, digitalis and purgation. Fisher (3) cites cases of presystolic murmur dependent upon aortic disease, cardiac dilatation (*concretio cordis cum pericardia*), and once upon hypertrophy and dilatation of the right ventricle. The diastolic and presystolic phase, per se, has been over-estimated in the exclusion of inorganic

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1. American Journal of the Medical Sciences, October, 1895.

2. Correspondenz-Blatt Fur. Schweizer Aertze, June 15, 1895.

3. Lancet, March 9th, 1895.

murmurs. I think I may expand Fraentzel's rule that systolic murmurs without other cardiac change do not imply organic disease, and assert that no murmur in itself, whether systolic, diastolic, or presystolic, definitely determines valvular lesion.

**Localization.** Hemic murmurs are heard mostly over the pulmonary area, but are often propagated to the apex. They occur rarely over the aortic and tricuspid valves. Latent aortic stenosis, without murmur or ventricular change, may simulate inorganic bruits. Vierordt has found inorganic pulmonary murmurs sometimes quite confusing, especially when widely propagated.

Organic mitral lesions may be heard only over the anatomic seat of the valve at the base of the heart, on account of the retraction of the lung from the enlarged left auricle. (Naunyn).

**Timbre.** In the earliest days of auscultation, Gendrin described inorganic murmurs as blowing, and sharply separated them by this point alone from the harsher organic bruits. Skoda (page 212) expressly disagreed with Gendrin and insisted that no special emphasis could be attached to the character of a bruit. Guttman described accidental murmurs as being always short and blowing. Sahli explicitly stated that a sawing, musical, or blowing murmur is not necessarily, although usually, organic. I have heard numerous very coarse and loud murmurs which were proved accidental by their ultimate clinical course or by post mortem examination. It is usually affirmed that inorganic are not as loud as organic murmurs (Leube, Sahli, and others). The murmurs of valvular disease may become very weak, or pronounced lesions may pass to autopsy without a bruit. Petit characterizes anemic murmurs as superficial, in alation-like and dependent upon respiration.

Fremissement cataire has been classified as exclusively a sign of organic cardiac disease, a statement to which Eichhorst justly takes exception. V. Bamberger has said that anemic murmurs seldom cover a tone, but rather "hang on to it." Hutchinson's statement that anemic murmurs disappear upon lying down has been disproved, although French authors (Petit and Potain) maintain that change of position

alters the murmur. This fact can not have differential value, for organic murmurs behave in the same fashion.

Feeble propagation has long been maintained as typical of accidental murmurs, but the same is true of mitral stenosis, and inorganic murmurs may be heard par distance. I have heard two anemic bruits in tuberculous cases in which the murmur was transmitted over the entire chest.

Appropriate therapy may differentiate organic from inorganic murmurs. Chalybeate treatment will often remove the anemic murmur and digitalis frequently correct functional valvular insufficiency. A protracted clinical course will exclude accidental murmurs, which are inherently short lived.

Hochsinger has found that accidental murmurs do not occur before the fourth year; hence murmurs occurring before that age are organic, even though the physical findings do not concur, i. e., are unattended with hypertrophy and dilatation.

Finally, accidental murmurs are diagnosticated only after logical exhaustive exclusion.

Excardial murmurs demand at least some mention in the consideration of endocardial and accidental murmurs. I have elsewhere (*American Journal of Medical Sciences*, 1895) reviewed the literature of murmurs due to blood currents in the large intra-thoracic and even the abdominal venous trunks. These murmurs but seldom receive the attention they merit and may lead to embarrassing errors.

The cardio-respiratory murmur comprises two types. In one the bruit is caused by the heart beating the overlying lung margin against the thoracic wall with each systoles, thereby producing a high pitched, superficial and curt systolic murmur, which is of greatest intensity during expiration and is increased by excitement and is located usually just external to the apex beat in the nipple line, but may also be heard over the pulmonary trunk and in the left inter-scapular region. It usually disappears when respiration is suspended and when the patient is in the recumbent position.

The second variety of cardio-vascular bruit is due to the rushing of air into the lung contiguous to the heart when the heart contracts. This variety is most intense during inspira-

tion, and its character is jerky and short and is systolic in point of time, ceasing when respiration is suspended.

Careful physical examination should readily prevent confusion with accidental murmurs, heard when the heart is displaced by adhesions, exudate or subphrenic accumulations of gas or fluid and solid enlargements. The murmurs of pericarditis aneurisms and aortic atheroma are readily differentiated from the bruits under consideration.

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### KOLA.★

BY GUSTAVUS M. BLECH, A. B., M. D., DETROIT, MICH.

Since contributing a short article on the therapeutics of Kola in the May issue of the New England Monthly, I have been engaged in further research in the same line. The results which I have obtained justify my opinion that the truth in regard to the efficacy of this remarkable African production lies midway between the extravagant claims made for it by its admirers and the condemnations of those who denounce it as worthless.

The most valuable contribution to the chemistry of Kola that has recently appeared, is the classical work of Knox and Prescott, of the University of Michigan, entitled "The Caffein Compound in Kola." For one entire year Mr. Knox devoted his time during working hours to investigations in the chemistry of this drug under the directorship of Prof. Prescott, whose reputation as an organic chemist is probably second to none in the United States. Great credit is due Messrs. Frederick Stearns & Co., of Detroit, in this connection, who made such an extended research possible by establishing a fellowship, at the University, of Research in Organic Chemistry and Pharmacology. A very excellent contribution on the physiological action of Kola is that by Dr. G. Walter Barr, published in the Therapeutic Gazette, April, 1896.

But it is not to my purpose to treat of the chemistry of this drug. Those who are interested in following the work of the

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\*Read before the Mississippi Valley Medical Association at St. Paul, Sept 17th, 1896.



well known chemist referred to can have that privilege by sending for a copy of the publication containing it. It may interest you, however, to see a specimen of the glucoside, kolanin, extracted from fresh undried Kola by the methods which they recommend. I have accordingly provided myself with the specimen, which I herewith submit.

The purpose of my paper is to bring before you specimens of Kola preparations on the market, and to comment on them, both in favor and against.

In the first place, it will be noticed that Kola is an antidote to alcohol. "Mr. Christy, of Thomas Christy & Sons, London, England, has been informed by Mr. Espeut, a well known sugar planter of Jamaica, that the negroes use the Kola as a remedy for drunkenness. They claim that swallowing a single nut, ground up and made into a cream or paste, with water or spirits, will cause all signs of intoxication to disappear in half an hour. Mr. Papefio, a surgeon, corroborates this." A freighter in Zululand, South Africa, told Chambard-Henon that the natives used it to sober a drunken man. While it is true that in some respects alcohol and the caffeinic stimulants are synergists, yet strong coffee has a sobering effect in alcoholic intoxication. I have found the same to be true of Kola, which simply corroborates what has been observed many times, and proves an important point regarding the use of Kola, either as a food ration or as a medicine, viz., that proper discrimination should be employed if you wish to obtain its true effects. Not that I would condemn the employment of alcohol in combination with it, provided the effects of the compound are taken into account; but the Kola is modified by the alcohol, and the patient who is using a wine of Kola will obtain very different effects than one employing Kola alone.

The Kola preparations on the market may be divided into two great classes, alcoholic and non-alcoholic; and each class may be subdivided into preparations from the fresh, undried nut, and those prepared from dry nuts. The objection which has been urged against the dry nut is that kolanin is decomposed during the process of drying. That there is a difference between the dry and undried nut as to its physiological action, LeBon and other investigators have

pointed out; but the cause for that difference can hardly be considered settled.

The best known alcoholic preparations of Kola on the market are "vino-kolafra," and "kolavin." The dose given on the bottle of the former is a wineglassful (two fluid ounces) containing thirty grains of Kola and 200 minims of strong alcohol. The dose of kolavin is a tablespoonful (one-half a fluid ounce) containing thirty grains of Kola and forty-eight minims of strong alcohol. It is manifest that kolavin is a medicinal wine, while vino-kolafra is intended to be an alcoholic stimulant reinforced by Kola, but depending for its action mainly upon the presence of alcohol. Furthermore, as the latter is made from the fresh nut it has advantages over preparations made from the dry nut; and from all those which are prepared from the Jamaica bissy nut, an inferior variety of Kola growing in the West India Islands.

There are three classes of fluid extracts of Kola on the market. You know that a fluid extract represents the drug from which it is prepared, volume for weight. The fluid extracts made from the dry nut are of this strength. But the fluid extracts of the undried nut, while they represent the undried drug, volume for weight, are not as strong in active principles as the former. On that account at least one fluid extract made from the fresh, undried nut bears the name "fluid kola." The best preparations of the fluid extracts of the fresh undried, nut that has fallen into my hands is an aromatized fluid, known on the market as "Kola-Stearns," which contains alcohol, as is common to all fluid extracts. The dose is very small, however, consisting of half a teaspoonful, representing thirty grains of the fresh nut, and only containing ten drops of alcohol.

There are also two Kola cordials on the market. They are both made from the dry nut and are alcoholic. The dose is a teaspoonful, so that the amount of alcohol ingested with each dose does not amount to more than twelve to fifteen minims. On referring to that house which first introduced Kola in America, however, I find that they prefer the preparations of the fresh, undried nut.

"Kola cardinette" is the name given to a cordial, presumably made from the dry nut, but possessing neither the taste

or odor of Kola, and said to contain cereal phosphates and the active principles of cod liver oil. Its composition therefore is very complicated. Just what its effects are on the system is a difficult matter to comprehend.

Among the dry preparations of Kola are the extracts, the tablet, the troches, confections and bon-bons. Most of these preparations are made from the dry nut. A most excellent of confections made from the fresh, undried nut, appears under the name "Kolacyls," and is made by Frederick Stearns & Co. It has the great advantage of being absolutely free from alcohol. As an emergency ration in the marching of troops, and a refreshing adjunct to the diet of the long distance bicycle rider and mountain climber, it has become quite popular.

As for the numerous combinations on the market with Kola appended to the name as a catch, such as "coca-kola," "broma-kola," "kola chewing gum," and the like, *ad nauseum*, they are not worth mentioning as Kola preparations.

At the present time Kola is being extensively advertised, therefore its sale is extensive, amounting in the aggregate to several tons monthly. When the novelty wears off we will have an opportunity of knowing how much of the demand is purely fictitious, and how much owing to the merit of the drug. It is my opinion that there is a legitimate field for it, both as a food and a medicine. But there are reasons to believe that the popular demand for it will fall off immensely when the present furore is over. As far as I have observed, and have been able to obtain the results of the observations of others, there is nothing enticing about it like alcohol, opium, cocaine, or even tea and coffee. An occasional warning has appeared in the newspapers against an alleged kola habit, but I have been unable to find a single authentic history of such a habit.

A very determined effort is being made by an eastern house to force a wine of kola on the market as a beverage to rank with the caffeinic beverages. Their efforts are not likely to meet final success, as Kola possesses a disagreeable taste, while tea and coffee have an aroma all their own. Unfortunately for the reputation of Kola itself, their push has been to introduce a wine medicated with Kola, which has so many

objections against it as a beverage for the masses, that it is a pity that it was ever put on the market. Their methods of advertising in the New York daily papers, magazines, and so forth, are so ingenious that I brought along a number of clippings for your inspection. The United States army is now experimenting with Kola as an emergency ration, and if a report of the investigation is finally published, we may be able to learn much more than at present appears in literature about the African Kola nut.

There can be no doubt that Kola is a valuable caffein-bearing plant and that it contains a glucoside peculiar to itself, to which its virtue over other caffein stimulants may be due. But I must add my protest to that of the "New Idea," which says: "But it should not be used indiscriminately, for the law still remains in force that the amount of energy in a given amount of food is always one and the same, and he who attempts to do work without the proper rest and food must necessarily take the consequences."

Kola has been recommended in nervous affections, cardiac affections, diarrhœa, confinement, alcoholism, and in sea sickness. I have found it very useful in debilitated states of the system generally, in reflex asthma, but never in asthma of cardiac origin. As an aphrodisiac, it has given wonderful and surprising results in some cases in which I have treated its merits. I use it with alcohol and without alcohol, and find that in some cases the combination produces effects that cannot be obtained from either drug when used alone. Like coffee, it causes insomnia in a certain proportion of cases, and like that beverage, it has a tendency to induce sleep in other cases. Like all other drugs in our materia medica, it will not fit every case, neither can every case be made to fit it. Therefore when prescribing Kola, study your cases, adapt the preparation to the case, and when it fails to produce the effects claimed for it, make up your mind that the fault is in your selection of the drug for the case, for Kola is certain to produce its physiological action, which can be employed for therapeutic uses when the condition is one calling for the drug, but is often worse than useless when carelessly prescribed.

# Southwestern MEDICAL RECORD.

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## EDITORIAL DEPARTMENT.

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Chloroform  
vs.  
Ether.

WE are not so positive as to ether or its combinations, but as we have before stated in the pages of this journal, we believe firmly that deaths from chloroform can always be avoided. In fact, that when a death occurs from the administration of chloroform, that with our present knowledge of the action of this drug, it is most positively and emphatically always due to either ignorance or



carelessness of the administrator, notwithstanding the fact that deaths do continue to occur.—*Courier-Record of Medicine*.

The above is editorial comment following tabulated statistics favorable to ether over chloroform in death rate when used for anesthesia. If it be true, what a grave charge it is upon the profession of medicine. If it be true, the best men in medicine who use chloroform are ignorant or careless. We cannot believe this—do not believe it. Does the editor believe this, or is he one of the kind, “a bee convinced against its will is of the same opinion still” men, and the above the last and only argument of a prejudiced (love without reason) mind, when driven from his position by the accumulated evidence of recorded statistics, that are a unit as to the safety of ether over chloroform as an anesthetic? We do not make this charge against the editor, but simply ask if it be so.

We have seen a careful, experienced, painstaking, skillful man spurred and incited to great care and caution by having seen life pass to death in his hands from chloroform inhalation, to again have death reproach him for using it, and that too in a vigorous child of six years, to whom he had twice before within a week administered chloroform with happy results.\*

Chloroform men being compelled to admit the safety of ether over chloroform on the operating table, have made the charge against ether of serious after-effects upon the kidneys and allege that if the deaths from nephritis following its administration be added to the table mortality, that the ether death rate will be greater than that of chloroform. But recent investigations, we believe, have shown a greater number of cases of albuminous urine, in a thousand cases of each examined, after the administration of chloroform than

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\*See report of two deaths from chloroform in annual report of the Supervising Surgeon-General of the Marine-Hospital Service of the United States for the fiscal year 1895, page 132.

after ether. All carefully kept statistics show, and more than three-fourths of the surgeons using anæsthetics admit, the greater safety of ether over chloroform for anæsthesia. Some surgeons who use chloroform admit this, but give preference to chloroform, believing that they are justified in so doing, on account of the universally admitted fact that chloroform is much more agreeable to the patient and saves much time in administration to all concerned. They advocate that one or two more in a thousand should die for the comfort of the 998 who escape.

We do not believe any living man possesses the skill, nor the combined skill of any five or more living men, can continually administer chloroform to patients without an occasional death. We believe that extreme care, which should always be used, will lessen the mortality. But human skill has not yet attained that degree of proficiency by which it can use so potent and dangerous a drug as chloroform to the degree of producing profound anæsthesia in thousands of cases, with no deaths. Again, does it not require more than mortal man to be always ever above a certain amount of what may be termed ignorance or carelessness? B.

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**That Blanket  
of  
Paternalism.**

PERHAPS, owing to our boyish jealousy of manhood, we cannot appreciate as we should that gush of paternalism thrown over us by the Red Back, in editorial comment of us in its November issue.

It is not in the RECORD, however, to smite the hand that proffers help, however little it may need that help. We are always willing to say, "help us, father" and "lead kindly, light," but we admire the boy that kicks the father who kicks him, even though his age is numbered by months, not years. The father owes the boy more than a kick, and

we do not mean to be unmindful of the golden rule in saying that we admire the child that kicks the father that kicks it.

The Red Back informs its readers that it has two friends on the editorial staff of the RECORD. We feel that this is the most unkind "fling" at some of the staff yet thrown by our esteemed contemporary. While we feel that we have no apology to make for the birth of the RECORD, and will not promise not to criticise from time to time the position of the Texas Medical Journal upon public medical subjects, as may seem to us requiring criticism, we most graciously accord to our esteemed contemporary the same right. It will always be the policy of the RECORD to abstain from and keep above personalities in its criticisms, of whatever nature, insofar as subject matter and circumstances will allow. But at the same time we hasten to inform the editors of the Journal of the friendship and of the high personal regard in which they are held by the entire staff of the RECORD, although all have not the pleasure of an acquaintance. Every practitioner of medicine is our friend, and has our friendship and love, who is a gentleman, and who seeks the truth and the practice of the truth, regardless of "schools," "isms" or personal ideas of ethics. B.

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## SOCIETY NOTES.

### The American Association of Obstetricians and Gynecologists,

At its ninth annual meeting held at Richmond, Va., elected the following named officers for the ensuing year, namely: President, James F. W. Ross, M. D., Toronto; Vice-presidents, George Ben Johnston, M. D., Richmond, and John C. Sexton, M. D., Rushville, Ind., Secretary, William Warren Potter, M. D., Buffalo; Treasurer, Xavier O. Werder, M. D., Pittsburg. Executive Council: Charles A. L. Reed, M. D., Cincinnati; Lewis S. McMurtry, M. D., Louisville; A. Vandeer Veer, M. D., Albany; J.

Henry Carstens, M. D., Detroit; and William E. B. Davis, M. D., Birmingham.

The next annual meeting was appointed to be held at the Cataract House, Niagara Falls, N. Y., Tuesday, Wednesday, Thursday and Friday, August 17, 18, 19 and 20, 1897.

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#### MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Twenty-second Annual Meeting, held at the Minnesota State Capitol, St. Paul, September 15, 16, 17 and 18, 1896.

(Continued from November No.)

DR. HORACE H. GRANT, of Louisville, delivered the

#### ADDRESS ON SURGERY.

He selected for his subject, "The relationship of diagnosis to the future surgical progress."

Some common ground must be chosen on which we can equalize our differences. Many of the most recent operations are already passing away under the effect of our modern scrutinizing investigation. We forget there are men in the quiet of their laboratories doing a work which makes all our wonderful work possible, and gives us these new methods. We cannot progress much farther in technique or operative skill. Any great amount of paraphernalia suggests a lack of personal resources in the operator. Almost every part and organ of the human body has been removed, recently, with more or less good to the patient. If we would make earlier and more careful diagnoses many of the possible failures would be precluded. No surgeon dare say to the patient, "If I had known yesterday or before, thus and so, the result would have been different." Are we not at fault sometimes ourselves? Rarely will we fail to secure an operation if the operator be certain of his diagnosis and demands the operation.

No term in all surgery is so often misapplied as conservatism. No aim is dearer to the surgeon than the ways and means of relieving his patient. We must not fall into the error of making one man great and another insignificant. The experience which age gives some men leads them to

make valuable and correct diagnoses. Experience is and should be one of the greatest aids in diagnosis.

The skiagraph has lately come into importance in surgical work, and it may be made an excellent adjunct in many instances. Its recent successes are noteworthy. It is yet, however, in its infancy, and doubtless is capable of still more development. May we not soon expect to see the foetus in utero? No one doorway can open to the royal road to success in the practice of surgery. The skillful and intelligent application of prompt relief, added to a careful diagnosis, will give us the most wonderful and satisfactory results.

What each one finds to do, let him do with his might.

An unanimous vote of thanks was extended to Dr. Grant for his scholarly and interesting address.

"On the Importance of Physical Signs other than Murmur in the Diagnosis of Valvular Disease of the Heart," was the title of a paper contributed by DR. JAMES B. HERRICK, Chicago.

Standard text-books teach that an endocardial murmur is not always an evidence of a valvular lesion, and also that a valvular defect may exist and still no murmur be present. Practically, however, conclusions are usually based upon the presence or absence of murmur. This is wrong, for there may be a valvular disease without a distinct murmur being audible. Other findings than murmur must be used in determining the existence of a valvular lesion. Every valvular lesion must result in hypertrophy and dilatation of the heart behind the valve diseased. An increase in tension of the pulmonary circulation follows any valvular lesion at the mitral orifice, and later any aortic disease. This will show in increased force of the pulmonary second tone.

Stenosis of the orifice of the left heart means a smaller amount of blood in the general arterial circulation, therefore, lessened arterial tension.

Failure of the right heart is followed by venous congestion, e. g., venous pulse, hepatic and portal congestion, anasarca, etc.

Hypertrophy may be recognized by the heaving, forcible apex impulse. Epigastric pulsation may call attention to enlarged right heart. The jugular pulse, the hepatic and



capillary pulse are all of diagnostic value. The visible pulse of aortic regurgitation is almost pathognomonic.

Palpation is important. Extra-cardiac causes for murmur, such as might arise in a heart dislocated by pressure or retraction, can usually be excluded by percussion.

A weak aortic sound may be an indication of obstruction. The reduplicated second sound may point to valvular disease. A sharply accentuated first sound at the apex is common in mitral stenosis. The peripheral tones in aortic regurgitation are a valuable confirmation.

Cases illustrating the foregoing were referred to.

Error in calling an inorganic murmur organic, is readily made unless the secondary sounds are carefully sought for. The intention of the paper was not to undervalue the importance of endocardial murmur, but to insist that it is only by the complexus of signs and symptoms that an accurate diagnosis can be made. Of all the evidences of heart disease, the least valuable is the endocardial murmur.

"The Pathology and Treatment of Suppurative Salpingitis," was the title of a paper read by DR. F. F. LAWRENCE.

The tubal mucosa is a true mucous membrane, possessed of all the histological elements of mucous membrane. The fimbriæ are prolongations of the folds of mucus membrane, with a few muscular fibers beyond the end of the tube.

The closure of the end of the tube is effected by—first, the unfolding of these plicae and the elongation of the muscular fibers with coincident inflammatory exudate and not by adhesions of the peritoneal surface. Second, the formation of adhesions between the fimbriæ and other structures. Third, embedding of the fimbriæ in inflammatory exudate.

The closure of tubal ostia results in forming of circumscribed abscess; the pathology of which is the same as that of suppuration with abscess formations in mucous membrane in other parts of the body, except for its effect upon important contiguous tissues. Occasionally the uterine end of the tube communicating with the uterine cavity, through which it may in part discharge its contents.

Treatment.—The treatment of pus tubes cannot be fixed by any iron clad rule. Each case must be treated according

to the conditions there presented. We must even incise and drain in some cases. Seldom will vaginal section be required, and only in carefully selected cases. Hysterectomy is indicated in those cases where we find abscess of the uterine wall, tuberculous deposits, fibroids, or malignant disease in the fundus. As hysterectomy destroys the pelvic floor, it should never be performed except where there is some tangible lesion of the uterus. Abdominal section will be necessary in many cases.

DR. I. N. LOVE, of St. Louis, read a paper entitled, "Water."

Drugs, drugs, drugs, seemed to be the chief inspiration in the life work of too many men. Hydropathy has been a wonderful service to humanity. We can appreciate the necessity of water when we remember that 75 per cent. of our body is made up of water. It is just as important as the solids in life's conditions. The demands for water are affected by the amount of muscular exercise, and the degree of temperature to which the body is exposed. For an irritated stomach or bilious colic nothing is superior to liberal quantities of hot water. For "a night out" two or three cups of hot water, along with a cup or two of hot coffee, nothing is superior. It soothes the nervous system if you will abstain from food for a few hours.

We need water for nutrition, but also as well, and more important, for a proper elimination. Water taken freely acts as a purifier of the system, both by flushing and by its solvent action. The majority of people drink too little water. I would highly advise training children to drink more water. It is a most important agent in improving the complexion. Medicine should be given in large quantities of water. In typhoid fever I insist upon free drinking of pure water. No solvent will act better in removing uric acid from the system, and the only pure water is distilled water.

Copious draughts of water for its stimulating effect, or the reduction of temperature, has been used many years. The hot pack in the convulsions of children is often misused. Better begin with a tepid heat and add cold water gradually. Hot water locally in inflammatory conditions is most excellent.

"Surgical Melange," was the title of a paper read by DR. J. MERRILL RICKETTS, of Cincinnati.

I. Ligation of brachial artery. Secondary hemorrhage occurred six days after accident. Five days later another severe hemorrhage occurred. The middle brachial artery was ligated at that time. Six days later a third hemorrhage occurred. Erysipelas followed and recovery was uninterrupted. The superior profunda and its branches were the source of the hemorrhage after the ligature of the brachial. The ligature should have been applied above the superior profunda.

II. Gunshot wounds dividing the facial artery. Roller compresses were sufficient to control the hemorrhage. Multiple abscesses appeared on the cheek subsequently, one of which left a salivary fistula. This fistula was finally closed by the introduction of a silver wire.

III. Talipes equinus varus of left foot with external deformity. Phelps's operation had been made one year previously, with but slight improvement. The astragalus was removed five weeks later through the dorsum of the foot. Division of the tendo-Achilles was not necessary.

IV. Hypertrophied Prostate. On the 25th day of a severe attack, double orchidectomy was done under cocaine anesthesia. I have found cocaine will answer every purpose in these cases. This was the third case in which the same operation had been done; all were successful.

V. Sarcoma of the sacrum. There was present a syphilitic diathesis. It had been previously diagnosed as a fatty tumor. Complete removal was followed by a prompt recovery, leaving a fistula from the rectum into the cavity. This was successfully closed by a later operation.

"The Psych-Neural Factor in Clinical Medicine," by DR. C. H. HUGHES, St. Louis, Mo.

The physician must consider the whole mechanism of the system when treating any part. Some parts of the body influence the whole, less or more, than others. The surgeon must consider the susceptibility, predisposition, powers of resistance, recuperative powers and natural courage of the patient in determining as to the prognosis or operation. In any case the nervous system is either for or against him.

Painful ovaries, neuralgic, congested or inflamed, are not necessarily to be cut out; but to be cured by neurological treatment. The surgeons are beginning to recognize only those symptoms which come under their own legitimate sphere. He must have a wide neurological and psychiatric knowledge if he would avoid fatal mistakes. Much can be done in improving the case often by tranquilizing neurological treatment. In fatal surgical results the reputation of the operating surgeon often suffers because of overlooked neurological conditions which are at fault. Hope itself is a buoyant medicine; and faith in the physician or surgeon is a therapeutic power that should never be shattered by us.

DR. GUSTAVUS BLECH, of Detroit, read a paper on the "Treatment of some Inflammatory Diseases of the Gastro-Intestinal Tract."

He said that the treatment of catarrh of the stomach and other similar inflammatory conditions of the same, as is practiced today by most medical men, meets with failure because the treatment is directed against the symptoms and not against the cause of the disease. All the usual remedies may improve one or the other symptoms for a limited time, but the etiological morbid condition still remaining, the symptoms necessarily will appear again. The treatment is directed against the inflammation itself. He prescribes hydrozone, well diluted in water, at least a quarter of an hour before each meal. The oxygen which then develops, kills the germ, cleanses the membrane of the wall of the stomach without injuring the animal cells. It is an efficient and powerful, yet still bland and innocent remedy. The doctor then explained the cure of a case of gastric ulcer with the above treatment. He has seen the most stubborn cases recover, and hence he believes the treatment will heal ulcers of the stomach.

DR. J. FRANK, of Chicago, read a paper on the subject of "A New Method of Fastening the Round Ligament in Alexander's Operation, with little disturbance of its Anatomical Relations."

An incision an inch long is made midway between the anterior superior spine of the ilium and the spine of the pubes, a trifle above Rupert's ligament. The transversalis muscle is pushed back and the ligament lifted out with a blunt hook,

such as I here show you. Draw it out until the uterus is in the correct position. No great difference is experienced if the peritoneal cavity should be opened. Usually three sutures are required to close the wound; the first one being taken as low as possible through one flap of the peritoneum, then through the round ligament itself. Instead of drawing the ligament through the facia as formerly practiced, it is replaced in its anatomical position beneath the transversalis muscle. By this method a slough of the ligament is prevented. This operation is the simplest of all yet proposed for the purpose. As a matter of material, kangaroo tendon has proved most satisfactory in my experience. A pessary should be fitted in before the operation, and worn as long as may be deemed necessary by the surgeon, afterwards.

DR. HUGH T. PATRICK, of Chicago, read a paper on "Trunk Anesthesia in Locomotor Ataxia."

In substance he said, in nearly all cases of tabes dorsalis there is a band of anesthesia about the trunk at the level of the nipple. It is, early in the disease, very narrow or even incomplete, or may be represented by a zone in which the localization of touches is not normally accurate. The sensory blunting on the leg, so frequent in tabes, is generally an analgesia. The trunk anesthesia is essentially tactile and the pain sense may be quite normal. The band of anesthesia does not correspond to the cutaneous distribution of the intercostal nerves, but to the nerve fibres arising from adjoining segments of the spinal chord. In some cases there are two distinct zones of anesthesia, indicating simultaneous envelopment of spinal segments at some distance from each other. The borders are inconstant, ordinarily retract on continued testing and vary in position with the method of examination. The same band of anesthesia may occur in syphilitic pseudo-tabes, as shown by an illustrative case, as far as known the only one on record. The patient presented nearly all the symptoms of locomotor ataxia, including a wide band of trunk anesthesia, but a diagnosis of syphilitic disease of the cord was made and under an active specific treatment he made a most perfect recovery.

The principal characteristics of the symptoms were illustrated by numerous diagrams and photographs.



The next paper was that by DR. GUSTAVE FUTTERER, of Chicago, on "Pleuritic Effusions and their Treatment."

A bacteriological examination should be made in all cases; both with cover glasses, with culture media and by injections of the effusion in animals. Distinguish between exudate and transudate by using the acetic acid chemical test; and by the same process eliminate mucine. Many cases of pleurisy are of an uric acid diathesia. These will yield readily to the treatment by salicylates. I believe not more than 15 per cent. of pleuritic cases are rheumatic. The finding of pneumococci does not aggravate the conditions, and often gives no markedly distinct symptoms. Pleurisy in typhoid is not a mixed infection, but a distinct condition. Tubercle bacilli are often found in the pleuritic effusions. I believe it is not only possible, but likely that the tubercle bacilli do penetrate through the alveolar septi, and enter the pleura without producing infection in the lungs. Tuberculosis may be differentiated by the agar culture. Hyperesthesia of different parts is frequently present.

I have washed out the cavity in fourteen cases with an antiseptic solution of one-half to two per cent. of cod liver oil, with most gratifying results in twelve cases. The advantages of this method are: Many patients will allow such an operation, who would object to an exsection of the rib; no bulky dressings are constantly interfering with the comfort and convenience of both patient and physician; much shorter time is required.

"The Surgical Treatment of Pyloric Obstructions," was the subject of a paper read by DR. W. J. MAYO, of Rochester, Minn.

This subject has not received the attention it demands from American surgeons. The differential diagnosis of serious pyloric disease is often a matter of greatest difficulty. I have found the free exhibition of strichnia for several days previous to the operation of great value in preventing shock. The stomach should always be thoroughly washed out a few hours before the operation and nothing eaten afterwards. For combating the shock, besides strichnia and dry heat, a rectal enema of a pint of hot coffee should be

given. Nourishment by the stomach should not be too long withheld afterwards. For twenty-four hours rectal alimentation should be used; in thirty-six hours some champagne, later buttermilk and a gradually increasing diet.

Dr. A. F. House, of Cleveland, opposed the use of the Murphy button and did not consider it the ideal method, as his experience had been somewhat unsatisfactory. I believe the less foreign matter one gets into the wound in uniting the bowel to the stomach, the better the result. I have discarded the button for the suture method. I believe much of the success in the use of the button depends on the skillful technique in using it. Perhaps I do not possess this skill.

DR. R. H. BABCOCK, of Chicago, read a paper entitled "A Report of a Case Illustrating the Value of Secondary Physical Signs in the Diagnosis of Cardiac Diseases."

The eloquent and forcible manner in which Dr. Babcock delivered his paper added much to the already scholarly and scientific value it possessed. His remarkable power of minute and exact differentiation in cardiac disease, was evident throughout. Among other points brought out were, murmurs are the least reliable signs of valvular disease. An accurate diagnosis cannot be made unless the secondary signs of valvular disease are recognized. If the heart actions are not sufficiently strong there may not be any murmur; or a grave defect may not be observed for the same reasons. Secondary symptoms are a modified pulse rate, character and rhythm, leading to a congestion of the veins and internal organs.

In some instances there is also systolic venous pulsation of the liver. Such systolic jugular pulsation is diagnostic of insufficiency, even if the murmur is not audible.

"Nerve Sutures and other Operations for Injuries to the Nerves of the Upper Extremity," DR. A. J. OCHSNER, of Chicago.

My own observations and a study of the literature lead me to a confirmation of the following conclusions:

1. Every severed nerve should be sutured even after years.
2. The earlier the operation is performed the better.
3. If neither sensation or motion is established within

a year, the nerve should again be exposed, the cicatrical tissue removed and the end again sutured.

4. The end should be clean cut, should contain neither crushed tissue nor cicatrical tissue.

5. Tension must be avoided.

6. The wound must heal without suppuration to secure best results.

7. Hemorrhage should be perfectly controlled to prevent intervening clot.

8. Carefully prepared catgut is the best suture material.

9. After suturing the ends either direct or "a distance" it is well to stitch a fold of fascia over the united nerve ends.

10. The extremity should be placed at rest.

11. The external incision should be ample.

DR. WM. H. WILDER, of Chicago, read a paper on "Sunconjunctival Injections in the Treatment of Certain Diseases of the Eye."

The method consists in the injection beneath the conjunctiva of minute quantities of bichloride of mercury or cyanide of mercury in solution. The operation is not especially painful unless there be inflammation present. It has been advocated for many other conditions and diseases. Its exact limitations and indications are not yet positively decided upon. It has been impossible to get the same good results from the salt injections that can be obtained from the mercury. We have in this new treatment a powerful adjunct to the old and tried methods in some diseases of the eye. It is not to be employed to the exclusion of all others. It is not a panacea, but in indicated cases for the mercurial treatment, it is an excellent method.

DR. JOSEPH MUIR, of New York, read a paper on "Reinfection in Consumption."

Statistics show that a first attack is not usually fatal, and death is often found to be due to other causes. Primary infection is not usually due to inherited tendencies, but external conditions play a most important part. Consumption is best treated among the rich, frequently, indeed, a permanent cure is effected in this class of cases; so, for evident

reasons, those who are poor should be given especial attention. Patients who have been cured must not be allowed to return to their former environment. Redevelopment is inconsistent with clinical experience.

Change of air and out-door exercise and labor hardens and freshens the tissues, and the respiratory impurities of former environment are no longer present. Reinfection may be prevented by

First. Thorough disinfection of the patient and surroundings.

Second. Destruction of the sputum.

This protects the patient against himself.

DR. C. B. PARKER, of Cleveland, O., read a paper on "The Use of Oxygen in Chloroform Narcosis.

The exhibition of the vital principle, oxygen, with chloroform would seem to be proper on theoretical grounds. In uniting the two there is no chemical union formed between them. It is a mechanical mixture such as we have in the air. The oxygen must be perfectly pure. That usually supplied in tanks is not pure. It must be properly made. The cylinder must have been exhausted of all air before it is filled.

The time required to anesthetize is slightly longer than with chloroform, but the advantages far outweigh this minor inconvenience. Of the dangers attendant I am not prepared to say; as I do not consider an experience of 118 cases guarantees any statement relative to that point. There is total absence of vomiting as well as absence of the extreme pallor and weakened heart beats, with shallow respiration. The duration of the shock from anesthesia is with this agent very much shorter. The patient always recovers promptly without any delirium.

DR. NORVAL H. PIERCE, of Chicago, read a paper on "Submucous Linear Cauterization; a New Method for Reduction of Hypertrophies of the Conchavæ."

The author called attention to the various methods ordinarily used for the reduction of such hypertrophies, and showed the disadvantages of such. The differentiation between hypertrophy and turgescence was pointed out. The

operation proposed by the author was as follows: A small incision is made in the hypertrophied membrane, then with a blunt, flat probe the mucus membrane is carefully separated from the erectile tissue underneath. Then a sound, the end of which is cup shaped, and upon which has been fused a few crystals of chromic acid, is inserted in the incision and the track already made by the probe is thus cauterized. The advantages of this method are that there is no hemorrhage. It is less painful than by any other method. The functional activity of the mucus membrane is not in the least impaired. Patients will submit to this operation more willingly than to the burning of the cautery. The method is the most simple of any yet suggested. The reaction is usually insignificant. There is no slough. The danger of atresia is obviated.

"A New Operation for Cleft Palate," was read by DR. TRUMAN W. BROPHY, Chicago.

He took the ground that the operation should be performed much earlier than has been the custom of surgeons heretofore. It has usually not been thought advisable to operate for the closure of cleft palate until the child has reached the age of two to five years. He maintains that when the operation was thus postponed the changes in the voice had become permanent, and a repair of the cleft at that time would not react favorably in the voice production. His operation consisted in freshening the edges of the cleft, then by deep suture of silver wire fixed through a lead plate, conforming to the palate, the edges of the cleft are thus drawn together and so maintained until healing takes place. The technique of the operation was minutely explained. It was original with the author and in his experience has proven most effectual.

DR. ISAAC A. ABT, of Chicago, read a paper, "The Clinical Significance of the Child's Fontanelle."

In health the fontanelle does not sink below or rise above its bony frame. It has both respiratory and pulsatory movements. With increased intracranial pressure and normal bruit may quite disappear. An early ossification interferes with brain development and produces a brachycephalic skull.



In rachitis the involution of the fontanelle is delayed. Marked bulging is caused by the collection of fluid within.

The abnormal retraction of the fontanelle always indicates a condition of inanition. It may be temporary: if chronic, it is a serious condition. A deeply sunken fontanelle is always a danger signal in any case. Involution occurs normally at 15 to 18 months. Protuberance and tension indicate meningitis.

"Operative Treatment of Pterygium," was the title of a paper read by DR. EDOUARD BOECKMANN, of St. Paul.

The author discussed the history of the operations for the cure of pterygium; pointing out the objections as well as the advantages of those most frequently used. He suggested an operation which was a combination of some others referred to. A crescentic piece is cut from the pterygium about five lines from its head. This part is curetted thoroughly down to the sclerotic. The head of the pterygium is dissected off. At the convexity of the piece cut out a stitch is inserted and the opposing edges drawn together. This leaves the curetted portion to granulate, and form a cicatrix. The author thinks the results from this method superior to that of any other in his experience.

DR. JAMES H. DUNN, of Minneapolis—"Appendicitis: To Operate or Not to Operate."

If we could but foretell which of our cases were going to be fatal, we could more easily and satisfactorily decide this question. The percentage of fatality is yet too high. Yet, must we cease operating because of such fact? A certain number of these cases will recover without surgical interference. Indeed, there is so large a number of such that I believe we very often, in our enthusiasm, operate when it would have been much better to have left them alone, so far as the knife was concerned.

DR. JAS. H. BUCKNER, of Cincinnati, read a paper on "Rupture of the Choroid Coat."

The length of time which elapses from the date of the accident and impairment of vision, is no criterion by which to judge of the amount of damage done to the choroid. The

rarity of rupture of the choroid is due to the elasticity of the coats, together with the soft and elastic cushion of fat upon which the eyeball is supported. The paper was discussed by Drs. Wilder and Boeckmann.—From Fassett's Bureau of the Medical Press.

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HOUSTON, TEXAS, Nov. 28, 1896.

Editors Southwestern Medical Record:

You will please announce that the Texas Association of Railway Surgeons will meet in Dallas on the third Tuesday in January next. The meeting will be as usual for two days, and will embrace papers of much scientific value and interest. Owing to the serious sickness of Dr. J. S. Letcher, chairman of committee of arrangements, we cannot at present give more minute details as to the disposition of affairs in his charge. This much we can with confidence say, that the customary push and energy of our Dallas friends will leave nothing unturned that can in any way contribute to the success of the meeting.

J. R. STUART, M. D., Pres.

CLAY JOHNSON, M. D., Sec'y.

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The following resolutions have been adopted by the physicians of Santa Clara county, Cal., and signed by 125 of the physicians practicing in that county:

Whereas, Rendering professional services at a stipulated fee per capita per annum is derogatory to the dignity of the medical profession, we, the undersigned physicians and surgeons of Santa Clara county, Cal., enter into the following agreement:

First, We mutually, jointly and individually, pledge our word and honor not to enter into any contract or agreement, or renew any existing contract or agreement, either written, verbal or implied, to render medical or surgical services to any lodge, society, association or organization.

Second, We will not render medical or surgical services to the members of the above mentioned bodies for less compensation than we charge the general public for similar services.

Third, This agreement shall not be construed to effect existing contracts between physicians and surgeons and the above mentioned bodies.

Fourth, These pledges shall take effect and be in force for a term of three (3) years from and after may 22, 1896.

This agreement shall not apply to hospitals and purely public charitable institutions.

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#### North Texas Medical Association.

MCKINNEY, TEXAS, Nov. 14, 1896.

To the Southwestern Medical Record:

The next semi-annual meeting of the North Texas Medical Association will be held in the city of Denison, beginning Tuesday, Dec. 8th, 1896, and continue its session for three days. The meeting will be called to order promptly at 11 o'clock a. m.

The importance of your attendance and co-operation on this occasion cannot be too strongly urged. Never before in the history of our profession has the importance of medical associations been so manifest, and this association, by faithful and meritorious work, is now recognized as one of the solid scientific bodies of the South.

You are cordially invited to attend the meeting in Denison, receive the royal welcome that awaits us, and contribute your influence toward fostering and promoting the high aims and noble objects of this association.

J. C. ERWIN, M. D., Pres't.

R. D. POTTS, M. D., Sec'y.

#### SECTION ON PRACTICE.

“Etiology of Neuralgia”—By W. R. Mathers, M. D., Rock Hill.

“Treatment of Typhoid Fever”—By H. D. Compton, M. D., Allen.

“Enterocolitis”—By T. S. Burford, M. D., Denton.

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NOTE.—A rate of four cents for round trip has been made by all railroads in the state. Call for a receipt from your ticket agent and present that with your ticket to the secretary for signature on arrival at Denison.

“Is there No Balm in Gilead”—By Jno. O. Scott, M. D., Sherman.

“Typho-Malarial Fever”—By I. E. Webb, M. D., McKinney.

“Cholera Infantum”—By I. Rodgers, M. D., Little Elm.

“Tubercular Meningitis”—By I. Caldwell, M. D., McKinney.

“On the Battle-field and in Hospital,” from 1862 to 1865—By J. O. Scott, M. D., Sherman.

“The Medical Examiner”—By Jno. O. Staples, M. D., Wylie.

“Heart Diseases”—By Joe W. Largent, M. D., McKinney.

“The Use of Salines in Pelvic Inflammations”—By Joe D. Becton, M. D., McKinney.

#### SECTION ON OBSTETRICS AND GYNECOLOGY.

“Forceps in Labor”—By O. C. Buster, M. D., Pilot Point.

“Symphysiotomy”—By S. M. Flemming, M. D., Mt. Vernon.

“Puerperal Sepsis”—By S. D. Moore, M. D., Van Alstyne.

Uterus Duplex, with Pregnancy Complicated with Chorea,” with report of case—By H. H. Compton, M. D., Allen.

“A Case of Sudden Death,” Twelve days after Labor—By J. M. Mendenhall, M. D., Plano.

“Puerperal Fever”—By Joe A. Thompson, M. D., Leonard.

“When Are We Justified in Producing Premature Labor,” with report of case—By W. D. Patton, M. D., Van Alstyne,

“Use and Abuse of Chloroform in Labor”—By F. W. Painter, M. D., Bloomfield.

“Report of Two Abdominal Sections”—By J. B. Stinson, M. D., Sherman.

“Paraplegia in Labor,” with report of case—By J. T. Benbrook, M. D., Rockwall.

“Combined Operations in Gynecology”—By J. H. Smart, M. D., Dallas,

SECTION ON SURGERY.

“Why all Physicians Should be Prepared for Surgical Emergencies”—By J. E. Gilcreest, M. D., Gainesville.

“A Resume of the Treatment of Fractures”—By I. E. Webb, M. D., McKinney.

“Abscess of the Brain,” with report of a case—By Pierre Wilson, M. D., Denison.

“Psoas Contraction,” with report of two cases—By M. M. Edmondson, M. D., Dallas.

“Cataract Operation with Unusual Complications,” with report of a case—By R. H. Chilton, M. D., Dallas.

“Wounds in the Dangerous Zone of the Eye”—By John O. McReynolds, M. D., Dallas.

“A Brief Report of Surgical Work During the Past Year”—By Bacon Saunders, M. D., Fort Worth.

“A Study of Some Surgical Diseases of the Kidney”—By J. E. Thompson, M. D., Galveston.

“Treatment of Syphilis”—By R. R. Walker, M. D., Paris.

“The Eye of Youth”—By R. F. Miller, M. D., Sherman.

“A Case of Surgery Averted”—By Ellen Lawson Dabbs, M. D., Fort Worth.

“Psoas Abscess Complicated with Hip Joint Disease,” with report of a case—By T. S. Booth, M. D., Ardmore, I. T.

“Trephine,” with report of two cases—By J. M. Hooks, M. D., Paris.

“Intestinal Anastomosis by the Mannsell Method”—By J. B. Smoot, M. D., Dallas.

“A Report of a Few Surgical Cases with Remarks”—By J. M. Neel, M. D., Bonham.

“How Some Wounds Should be Treated”—By S. C. Langford, M. D., Sherman.

“Penetrating Wounds of the Knee Joint, Their Treatment and Results,” with report of two cases—By J. W. Carey, M. D., Whitesboro.



“Some Interesting Diagnostical Mistakes of Mine”—  
By B. E. Hadra, M. D., San Antonio.

“Felons’”—By J. E. Stinson, M. D., Montague.

“Some Minor Facts About Bandages’”—By A. P.  
Brown, M. D., Fort Worth.

“Gunshot Wounds at Elbow Joint,” with report of a  
case—By Charles R. Johnson, M. D., Gainesville.

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### FROM OTHER JOURNALS,

#### Concerning Ethics, State Medical Examining Boards, and Adver- tising Personals.

Because the Medical Society of the State of New York, and the various county societies, and the Academy of Medicine of this city, have no written code of ethics, it is very difficult to get it into some minds, especially of the western medical editors, that the profession of the state of New York has any morals whatever. They exclaim with wonder because these societies exercise discipline and occasionally expel a member or suspend him for bad conduct.

It is not easy to teach some people. A believer in the complete and essential orthodoxy of the so-called code of the American Medical Association cannot understand that even if there was no commandment against stealing, some people would not steal. The Post-Graduate very kindly informs our brethren throughout the country that there is no city in the land where a proper regard for true ethics is more sincerely held and maintained than by these very societies that have no written code.

If a man behaves himself in an unprofessional way—if he slanders his neighbors or steals their patients, or conducts himself in any wise in such an unseemly manner as not to be a fit associate for gentlemen, these societies will take prompt recognition of such a state of things. We have long since in this state demonstrated the utter uselessness of a written code. But—and there is a long but—the medical profession of the state of New York has entire freedom in consultations. Any member of the profession has a complete right to con-

sult with any other who has control of a patient, and he has the liberty to determine for himself whether or not he shall give his advice for any patient for whom it may be asked.

This it was for which we contended in the state of New York, and in which we won a great victory in 1882. As the result of that victory, one of the best medical laws ever framed for any state has been in working action since 1882, and is fast being adopted by other states in the Union. If the Journal of the American Medical Association will look into this matter, it will be found that it is not only not at all surprising that men are punished for unethical conduct in the state of New York, but that it is quite in accordance with the natural order of things here.

As a final remark to our cotemporaries who display such an anxiety lest the absence of a written code in our state indicates an absence of morals, we commend the following extract from the London Times, appropos of the suggestion that the British Medical Association should have a new code. According to the New York Medical Times, the great London newspaper says: "Professional ethics cannot be put into a written code. They are essentially unwritten, but none the less distinctly understood by every one who is sufficient of a gentleman to warrant his being admitted into a profession of gentlemen. They are essentially unwritten. To write them would be to spoil them. They are like the aroma of some flowers—an aroma which when concentrated becomes offensive."—Post-Graduate.

A paragraph which originally appeared in the St. Louis Clinique is floating about the medical newspapers, greatly to the advantage of the Post-Graduate Medical School, for one of our instructors is thus put in a most enviable relation to Chicago's great surgical invention. The paragraph says: "The three greatest surgeons in this country are Joseph Price, Robert T. Morris and the MURPHY BUTTON."—Post-Graduate.

Dr. William R. Gillespie, a graduate of the Medical College of Ohio in the class of 1887, member of the Southeast Kansas and Bourbon County Medical Societies (Polk's Register) and Dr. B. W. Seymour, of unknown credentials, ad-

vertise in the daily press that they are prepared to use the "X-rays" upon all persons applying for the same at their offices in the Permanent Block. Broken bones, curvature of the spine, dislocated joints, hip-joint disease, club feet, bow legs, enlarged joints, white swelling, necrosis, bone cancer, tumors, obstructions of the bowels and "appendicitis or other lodgement of foreign bodies" are advertised to be amenable to the "X-rays."—Cleveland Journal of Medicine.

Dr. Hosea W. Libby of this city, according to the papers, having been refused a certificate to practice medicine by the state board, has brought mandamus proceedings against the board in Columbus courts to compel them to issue a certificate. He alleges to have practiced medicine 42 years in Ohio and 39 years in Cleveland.—Jour. of Med.

Dr. J. H. Leatherman, a homoepathic physician of Columbus, was arrested October 9 on a warrant issued by the state board because he had failed to register under the law. The papers say he will make a test case against the law.

"Official cheek" is what the editor of the Cleveland Journal of Medicine calls the request of the treasurer of the American Medical Association for five dollars in payment of the annual dues for 1896. As the Association has declared that the members of the Cleveland Medical Society are no longer to be recognized as in good standing in the Association, this characterization of a demand for dues would not appear to be unjustified.—Medical Record.

The following advertisement appeared in the St. Louis Globe-Democrat of October 7, 1896:

Dr. I. N. Love, his family being in Europe for the next two years, has rented his residence, furnished, and removed his offices to the first floor of the Medical Mirror Building, 3507 Olive street. Hours, 9 to 11 and 5 to 6. Sundays by appointment only. Telephone 7171.—Cleveland Journal of Medicine.

In my opinion Professor Augustus C. Bernays, A. M., M. D., M. R. C. S. Eng., of St. Louis, is one of the brainiest men on the American Continent, and countless others think the same.—Moody's Magazine of Medicine.

Early in the summer some of the druggists of this city thought it would be a good joke to apply to the board of medical registration and examination for licenses to practice medicine on the basis of having had ten years' practice, meaning, no doubt, "counter prescribing." The following are the jokers: Fred W. Stecher, 1066 Pearl street; Michael Gerstacker, 253 Whitman street; Phillip Acker, 252 Pearl street; Geo. J. Probeck, 94 Duane St.; K. P. Humiston, 546 Lorain St.; E. H. Heckler, 1099 Broadway; Carl C. Waltz, 602 Pearl street; L. H. Witte, 350 Superior street, (Homeopathic); and F. H. A. Diemert, Woodland and Eagle streets.

The latter two are the only ones who succeeded in getting licenses however, so that the \$5 joke is not on the board to any great extent. C. H. Kohler, a saloonkeeper at 132 summit street, applied for license but drew a blank. It is a pleasure to state that one of our most notorious abortionists, a masseur, an ignorant hydropath and a "corn doctor" have among some 25 others been refused licenses. This good result of the law, however, is somewhat offset by the fact that licenses have been granted to some of our most notorious quacks. Even a professed "botanic" and a "baunscheidtist" were so honored, the latter, however, because he honestly possessed a diploma from one of the regular schools of this city.

An interesting meeting of the state board was held October 6, at which four physicians were examined and protests against the registration of several physicians were heard. The board does not propose to grant licenses to physicians who habitually use intoxicants.

The board has done some good work this summer. Up to October 7, 6,567 graduates in medicine have received certificates, 588 "ten-year" men had qualified and 236 applications had been rejected, a total of 7,391. On the same date about 100 applications from "ten year" men were pending. As the last edition of Polk's Register gives the names of but 7,560 physicians in the state it would seem that within less than 100 of all the physicians of the state had been attended to. But Dr. Winters, the secretary, reports that Polk's Register is replete with omissions and other errors so that lit-

the dependence can be placed upon it, and, in passing, it may be noted that the journals all over the country are pointing out numerous errors in the Register.—Cleveland Journal of Medicine.

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## NEWS AND MISCELLANY.

The Cincinnati Medical Journal has suspended publication.

Diphtheria is extensively prevalent throughout the cities of the state of Pennsylvania.

The next semi-annual meeting of the Brazos Valley Medical Association will be held at Cameron, Texas.

December 9th is the date fixed by the committee for the organization of the South Texas Medical Society.

Dr. Wm. E. Drisdale has returned to Houston from Costa Rica, Central America, and is greeting old friends.

Oh! how much of life we are missing in this American hurry, worry, rapid, high-pressure life, all for gold.

Dr. W. F. Blunt has resigned his position as state quarantine officer that he has so ably and creditably filled.

Dr. J. S. Letcher, one of the most prominent physicians of Dallas, has been reported on the sick list for several weeks.

A great many Texas physicians are reported to have attended the Pan-American Medical Congress held in the city of Mexico last month.

America is the home and center of medical fads and quackery, the hot bed of hysterical sentiment and credulity.—Medical Press (British).

Shame on our British brethren for saying such naughty things of us. Haven't we more codes and laws of ethics than all the world combined?

Many of the cities in Indiana are suffering with a malignant type of diphtheria and the secretary of the board of health reports it on the increase.



Quite a number of the medical journals have joined the "mutual admirationsociety," if we are to judge by the recent gush of praise of each other.

Dr. S. W. Field, of Velasco, has opened an office in Houston with Dr. J. W. Douglass. They will make one of the strong medical teams of Houston.

Dr. C. M. Rosser has tendered his resignation as superintendent of the Terrell Asylum to take effect January 1st, 1897. The Doctor will resume private practice at his old home, Dallas, Texas.

Dr. C. O. Mathews, of Terrell, and one of the most successful practitioners of North Texas, was in Houston the last of November and called on the RECORD. We are glad to number the Doctor among the best friends of the RECORD.

Admonition: She lived a life of virtue, and died of cholera morbus, caused by eating green fruit, in hope of a blessed immortality, at the early age of 21 years, 7 months and 16 days. Reader, "go thou and do likewise."—The Sanitarian.

Dr. F. H. Burnett, of Boston, Mass., has located in Houston to practice, and the RECORD extends the hand of fellowship to the Doctor, and wishes for him success, as it does for every true worker in the medical field of little pecuniary reward.

Dr. Harry Hodgen, of St. Louis, eldest son of the late Dr. Hodgen, one of America's greatest surgeons, died in Michigan during the month of September. He was professor of arthopedic surgery in one of the leading St. Louis schools of medicine.

It seems to be the consensus of opinion of the medical profession of Houston, from evidence, etc., produced at the trial of Dr. D. E. Thrash, for criminal abortion on one Lillie Jarvis, and which resulted in a disagreement of the jury, that the Doctor is innocent of the charge.

Dr. Frank Parsons Norbury, of Jacksonville, Ill., has been appointed medical superintendent of Oak Lawn, a private retreat for the insane, at Jacksonville, Ill. This insti-

tution has been successfully conducted for over twenty-three years by the late Andrew McFarland, M. D., L.L.D., and his son, Geo. C. McFarland, M. D.

Dr. Edward H. Parker, a prominent physician of Poughkeepsie, New York, died on Nov. 10th. He was 73 years old. He was the author of the lines, "Life's race well won; life's work well done; life's victory won; now cometh rest." The lines were the opening verse of a poem written 25 years ago, and they were selected by the widow of James A. Garfield as an inscription for the tombstone of the martyred president.

"A thing of beauty is a joy forever." We never like to let an opportunity pass to commend any thing when well done, especially when it is the work of a medical man. Dr. F. E. Daniel, the gifted editor of the Texas Medical Journal, in his November number, gave a write-up of Mexico and Mexican scenery, in anticipation of the Pan-American Medical Congress, that was truly a work of art. Such writing is seldom seen in medical journals, and when it is, the meritorious effort should be duly rewarded by favorable comment. Dr. Daniel is capable of doing these things and we hope that he will continue to do so, often.

O. R. Brooks, manager of the Texas Courier-Record of Medicine, announces in the October number that in the future J. O. McReynolds, M. D., will act as chief of staff, with Drs. E. J. Reeves, W. T. Williams, M. M. Edmondson, S. J. Gano, W. J. Lane, E. Aronson and J. H. Smart, as associate editors. Our acquaintance is limited to one of those gentlemen and consequently we cannot say whether or not their mental make up is built on the order of the Fromm. A few short months will let us know if the ice floes of medical criticism are to make for them a journalistic graveyard beyond Franz Josephs Land.

Those who send in their articles early to compete for the Yale surgical and gynæcological chair, will have the advantage, in that the editors will have a less number to select from now than they will later on. Please read the rules and regulations governing the award and send in your paper accordingly

A great many physicians from all parts of Texas are in Houston, attending the Grand Masonic Lodge convention.

The death of Prof. Lewin, of Berlin, is announced to have taken place on November 2. He was seventy-six years of age.

Destruction by fire is the best way to dispose of city garbage. Every other method is objectionable from a health standpoint.

A BICYCLE DIAGNOSIS.—“‘Yes, sir; the diagnosis of your case is perfectly plain. You have acute saddlesetis and pedaldria, complicated with handlebaragia.—Judge.

The Japanese surgeons during the late war employed as a dressing for wounds the ash of rice, the contained carbonate of potassium making it antiseptic.—Medical Age.

The scorcher, racing swift and fleet,  
Ran into Deacon Brace;  
The scorcher fell some forty feet,  
The deacon fell from grace.

—Cedar Rapids Record.

Alcohol has the power of degenerating nerve-fibers. It has an especial destructive affinity for the pneumogastric nerve. The children of parents who suffer from alcoholism are, in a tremendous percentage of cases, the victims of consumption.—Med. Brief.

A PARADOX.—Willie: “‘Mamma, I feel awful bad.’”

Mamma (anxiously): “‘Why, darling, what is the matter?’”

Willie: “‘I just drank some well water and it made me sick.’”

—Daily Lancet.

The members of the Hempstead Medical Association of Portsmouth, Ohio, have decided to prepare a black list of all persons who refuse or deliberately neglect to pay physicians' bills. The arrangement was to go into effect Oct. 1, and medical treatment is to be refused to all persons whose names are on the list, unless paid for in advance.

CRIMINAL ABORTION.—The conclusions reached by Dr. G. A. Phillips, of Ellsworth, Maine, drawn from correspon-

dence with a large number of physicians all over the State, are that the great proportion of abortions from all causes are criminal. That the percentage of deaths is not over two per cent., and that 49 1-2 per cent. of the women are permanently injured in health.—Daily Lancet.

An income tax has been imposed upon physicians practicing in Kentucky. It is graded according to income, the annual license being \$10 on any amount under \$2,000; \$20 on \$2,000 or any sum under \$5,000; \$40 on \$5,000 or any sum below \$10,000, and on incomes of this amount or exceeding it \$1,000 is the annuity demanded. The medical societies of Louisville have taken conjoint action to test the legality of the law, pending which physicians are advised to resist payment of the license.—Medical Fortnightly.

The Ohio State Board of Medical Registration and examination has nearly finished its labors, having registered up to the present 6,567 graduates of medicine and 588 legal practitioners—a total of 7,155, 136 applications having been rejected, and 100 are still pending, making a grand total of 7,491. The total number of names given in Polk's directory of physicians in Ohio is 7,560. Consequently it is evident that the law has been very generally complied with as very few physicians remain who have not registered.—Medical Fortnightly.

SHOULD PHYSICIANS DISPENSE THEIR OWN MEDICINE.—In a paper before the Maine Medical Association Dr. F. E. Varney answered this question strongly in the affirmative, for reasons of less liability to error, saving of time, and securing to the physician more certainty of his fee. This method was also recommended as a panacea for "the evils of hospital abuse, drug-store doctoring, the system of druggists' commissions, counter prescribing, refilling prescriptions and substitution." The present form of tablets and granules makes this practice easy.

THE DRINK QUESTION IN AMERICA.—A committee of the "Sociological Group" has been formed in this country for the purpose of investigating the "liquor problem" in psychological, ethical and legislative aspects. The committee

includes such representative divines as Cardinal Gibbons, Archbishop Ireland, Rabbi Gottheil, Bishop E. G. Andrews, besides physicians and men of science like Dr. J. S. Billings, Professor Bowditch, of Harvard; Professors Furnham and Chittenden, of Yale; Dr. Weir Mitchell, and public men like President Eliot, President D. C. Gilman, Mr. Cornelius Vanderbilt and others. Physiological experiments on a large scale are proposed, and the investigation is to be made as complete as possible.—Medical Review.

CHLOROFORM.—Dr. Hoy McEwen, of Newark, N. J., concludes an article in the Medical and Surgical Reporter with the following sensible propositions:

(1) That chloroform is a dangerous drug.

(2) That its dangers can be reduced to a minimum only by the most scrupulous attention and conscientious care on the part of the anesthetist, and

(3) That to give chloroform properly is all that one person can possibly do, and that it is not a time to assist or to engage in conversation with bystanders, or to watch operations in order to familiarize oneself with the steps of scientific procedure.

Fair Medico—"I have accepted Mr. Richleigh, mama."

Mama—"But I thought you didn't care for him?"

Fair Medico—"Neither do I, but I took a snap shot at his lungs, and he can't possibly live more than five or six months.—Tid Bits.

## BOOK REVIEW.

THE PHYSICIANS' VISITING LIST: P. Blakiston, Son & Co., (successors to Lindsay & Blakiston) 1012 Walnut Street. Philadelphia.

Although the visiting list of 1896 of Blakiston, Son & Co., was the best in the market, several minor improvements have been made in their list for 1897. Four blank pages have been added to the general memoranda and twelve pages to the cash account. The covers have also been very materially strengthened. We take pleasure in recommending it to any physician who wishes a visiting list that is convenient and



simple in its arrangement, and at the same time compact and complete in every particular.

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### REPRINTS RECEIVED.

THE USE OF CICATRICIAL SKIN FLAPS IN THE OPERATION FOR ECTROPION OF THE UPPER LID: By F. C. Hotz, M. D. Chicago.

A SERIES OF ARTICLES ON SPEECH DEFECTS AS LOCALIZING SYMPTOMS; From a Study of Six Cases of Aphasia: By J. T. Eskridge, M. D., of Denver, Col., Neurologist to the Arapahoe County and St. Luke's Hospitals.

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### PUBLISHERS' NOTES.

Read the ad. of the Castalian Spring Water Co., and give the water a trial.

Radford & Hutchinson, wholesale and retail grocers of this city, have the model grocery house of the South.

'Hockerbrau' is an elegant preparation for convalescents and is also very useful in amylaceous dyspepsia.

Those needing artificial limbs should call on or address D. W. Bartlett, 211 1-2 Travis street, this city. See his ad.

To those desiring medical text books we most heartily recommend Armand Hawkins, 1034 Canal street, New Orleans. Send for his prices and discounts.

Malt-Nutrine can now be had at any drug store in the city. It is invaluable for convalescents, nursing mothers and persons suffering with wasting diseases.

We call attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.







